

SERIES ON CHILDHOOD EDUCATION

EDITED BY

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# THE BEHAVIOR OF YOUNG CHILDREN

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## INTRODUCTION

Here is a new common-sense contribution to parental education. It is not just "another book for parents" giving advice and direction, but a book through which parents may learn to guide and direct themselves. The materials are planned for parental co-operation in their own progress from day to day in learning how to study, analyze, and guide the behavior of their young children in the home. For some time we have had a wealth of excellent literature written by authors noted in the different fields of child care. These have provided a wide range of dependable knowledge and information for parents. Daily lectures from specialists of undoubted wisdom are broadcast from sea to sea through the radio. Classes and conventions for parents and teachers offer programmes with lectures and discussions led by experts, but how to apply this knowledge to the reformation of "my Mary" and "my John" is frequently left as an unsolved problem. Society has endeavored to meet this difficulty through clinics where the distressing difficulties of the said Marys and Johns may be individually studied and diagnosed by psychologists and psychiatrists and the faults in mother-technic located.

All of these sources of help in the parental field point to marvellous improvements over conditions in the past when parents struggled single-handed and alone with the problems of child care and development in the home.

While the provisions for sound knowledge and advice in any form are to be highly commended and clinical diagnoses for parent and child are to be encouraged and multiplied,



the next step forward calls for the provisions of some method by which untrained parents can learn from day to day how to study and diagnose their own children in home teaching. This the authors of this volume have attempted to do. The material and technic offered in this volume have been worked out in a wide experience with parents and teachers before submitting their manuscript for publication and use with other parental groups. Both authors have had teaching experience with children of different levels of development in the school. They have subjected themselves to the most rigorous professional training in several universities that they might bring to bear upon the experience with children and parents the highest standards of specialists in all related fields. Dr. Ethel B. Waring has had experience as wife, mother, and home-maker in addition to her professional training. Her first degree was taken in the University of Illinois, her Master's in Leland Stanford University, and her doctorate in Teachers College, Columbia University, while serving on the staff of the department of Kindergarten-First Grade Education and the Institute of Child Welfare Research connected with this institution. Dr. Marguerite Wilker took her three degrees in education and psychology at the University of Wisconsin while assisting in the education department. Each was admirably prepared both by professional training and experience to take over the special problems of child development and parental education under the auspices of Cornell University where child guidance is an aspect of home economics education. Through their wide experience they have worked out a most original and practical technic of self-direction for teachers and parents. This self-guidance technic providing a most effective method for altering parent-child relationships and procedures

will serve parental guidance leaders and clinicians with a most practical and valuable instrument for class and clinical use. This plan is based upon a carefully devised set of questions, growing out of specific parental problems with illustrations drawn from child life, supported by quotations from well-known authorities in each field. These questions based upon specific aspects of child behavior in the home, if answered conscientiously and thoughtfully, not only bring the mother face to face with the principle involved but to a diagnosis of her child and to her own faulty technics which may be the cause of many difficulties. The questions are very practical—very specific in their bearing on such difficulties as teaching the child right habits of eating and sleeping. In order to make sure that the mother herself knows what habits are right and proper in such situations the questions are arranged in pairs which bring out fully the contrast between desirable and undesirable behavior. Through this procedure the mother checks her child both from the negative and positive points of view. For example under the heading "Preparation" for going to bed we have from the positive view-point the question does he "Get ready for bed promptly?" From the negative angle we have—does he "Take a long time to go to bed?"

To make assurance doubly sure these paired questions suggesting desirable and undesirable behavior are accompanied by careful records of forty flesh-and-blood little children with their negative and positive reactions in learning situations. For example, we have the record of one child who has learned to put away his playthings willingly and promptly at bedtime offset by a record of another child who whines, argues, cries, talks, kicks, runs away, etc. These descriptions of child behavior are reinforced by carefully

selected quotations from well-known authorities and these are followed by bibliographies from which the quotations are drawn with the names, authors, publishers, and prices.

This technic enables any thoughtful mother to find herself and her own child in almost any incident in daily difficulties in which she needs guidance. Every precaution is taken to prevent earnest mothers from losing their way, if they will take advantage of the carefully planned procedures provided for self-direction in child guidance. While no one may hope for such a hopeless and undesirable phenomenon as a faultless child, we can and should reduce the numberless wrong habits laid in early years through mistaken home teaching.

The keynote in modern methods of child welfare is the solution of the problem of twenty-four hour care, seven days a week, twelve months in the year. The child is learning every hour of the day and night, waking and sleeping. It is the business of those to whom these twenty-four hours of care are allotted to see to it that the right conditions for learning are available for the child.

The two institutions of society which share responsibility for the twenty-four-hour care are the school and the home. The adults in these two institutions who must be trained to provide such care with intelligence, wisdom, and skill are the parents (home teachers) and school teachers.

Until quite recently the training of home teachers has been largely ignored. Society demands training of a high order for those who teach in schools. The school teacher is not permitted to assume responsibility for her share of the child's twenty-four-hour care until she has been tested and tried in several years of preparation for her profession. This period of pre-professional preparation runs all the way

from two to five or six years, costing the teacher herself or the state thousands of dollars. Little or nothing has been required in pre-professional training to ensure good teaching in the home where the problems are equally delicate and difficult though of a different order.

No school can hope to exceed the influence of a good home on the child's disposition and character. A good school can further this influence or reduce it, but it cannot obliterate it.

Up to the present decade society has tended to hold the school responsible for most of the failures in child character and behavior. School teachers were severely criticised, and responsibility for failure traced to the school door. Now, however, the tide has turned. The home—the parents are the source of all modern ills and the home is being arranged as never before in the history of civilization. This is hardly fair, though parents should shoulder their share of blame. What we need to realize is that neither home teacher nor school teacher is wholly responsible for the tragedies of childhood and youth in modern life. Each must take over his or her just proportion in their joint endeavor. Whether they wish it so or not, they are *partners in a common business*, and success or failure depends upon intelligent co-operation in understanding their own and each other's duties and responsibilities in this partnership. It is not only deplorable but criminal for either to be ignorant of what the other is doing or fail each other in co-operation. Such methods would lead to bankruptcy in any business venture.

A philosophy of education which may be counted upon as a means of influencing life outside the four walls of the school must be based upon principles sufficiently broad to

interpret and further the processes of learning wherever they take place. Fortunately, schools for little children are growing more "home-like"—providing situations in which all those habits and attitudes may be learned which promote successful living as the child attempts to carry them over and apply them in the home life. When home learning and school learning are at variance, the mind of the child is confused and the only solution for successful living in the two contradictory situations is to form one set of habits for one and an entirely different set to apply in the other. The result is a child who often appears as two personalities, each the result of adapting himself to opposing demands, with their conflicting ideals and standards. Some common convictions must be shared by school teachers and home teachers to reduce the conflict set up in child life by unnecessarily contradictory demands with their wear and tear on the personality of the child. As teacher and parents grow together through consecration to their common enterprise the child can pass from home to school and vice versa with the minimum of mal-adjustment and strain. This is the only basis for a "smooth-flowing" continuity of life in home and school. It goes without saying that we cannot and should not hope for identical opinions and convictions, but the physical, emotional, intellectual, and social progress of children demands the reduction of fundamental conflicting ideals to the lowest figure that it may be said of our children to-day as in days of old, "And the child grew in Wisdom and stature and in favor with God and Man."

PATTY SMITH HILL.

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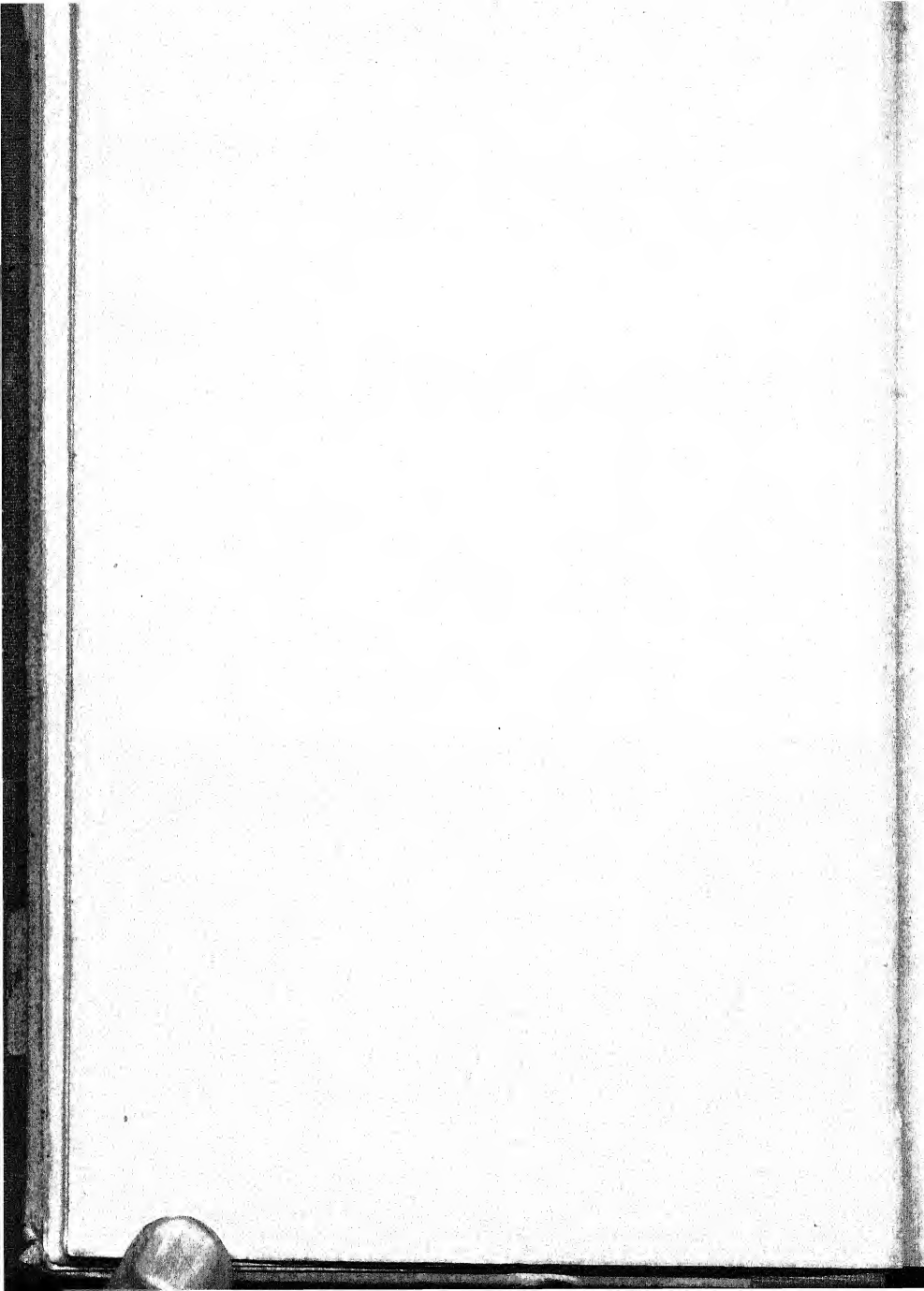
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## UNIT ONE—EATING BEHAVIOR

INCIDENTS

QUOTATIONS

QUESTIONS

TO AID IN EVALUATING BEHAVIOR

“WHAT IS THE CHILD LEARNING?”

“WHAT SHOULD HE BE LEARNING?”

“HOW CAN GUIDANCE PROMOTE HIS LEARNING?”





## HOW TO STUDY BEHAVIOR

The purpose of the book is to serve as a guide in the study of the behavior of young children. The plan involves three approaches to the problem of child guidance.

The first approach is through incidents about children which describe the various ways in which they behave. Incidents have been presented in pairs. One child in each pair is learning more desirable behavior than the other. The incidents have for the most part been taken from observations of children.

The second approach is through quotations selected from various authors on child behavior. They may inform the adult of acceptable guidance procedures and enable her better to evaluate her own guidance.

The last approach is through a number of questions. Specific questions guide the mother and the student in making an estimate of the child's general behavior tendencies stating in what respect his behavior is desirable or undesirable. The questions invite the mother to consider what the child is doing and what she is doing at meal times.

Such directed study may aid the mother and the student in several ways. For example, the knowledge that a given procedure which she is using is approved and successful according to the literature encourages her to continue until she achieves success. The knowledge that a given procedure which she is using is not approved and does not usually succeed challenges her to select a procedure that is approved in

literature. The evaluation of her child's behavior with reference to more approved behavior may disclose many additional needs for guidance and may interest her in seeking corrective measures for incipient behavior tendencies.

Finally, such definite study of certain limited types of behavior may go far toward developing habits of study which are applicable to other types of behavior, to other ages of children, and other conditions.

### INCIDENTS ABOUT EATING BEHAVIOR

Often mothers say "I don't know what to expect of John; I believe I have expected too much from him." Or, "Are children his age able to feed themselves?" Or, "Don't all children fuss over eating?"

Mothers who ask such questions as a rule have observed the eating behavior of a very few children. They do not know how young children in general behave or should be expected to behave. In other words, they have no standards for "John" as he grows from baby to toddler and on throughout the years.

One way to obtain standards in eating behavior is to observe many children before, during, and after meal time to discover not only how each one behaves but how the majority of children behave for any age and development. In addition, such observation gives insight into the guidance procedures of the adults.

Busy mothers who are unable to make scores of first hand observations can learn much through reading about the eating behavior of young children.

The behavior at meal time of about forty children has

been described in the following incidents. The incidents are given in pairs to bring out a contrast between the more desirable and the less desirable behavior of the children and of the adults in each situation.

The first three pairs of incidents are summarized in terms of learning. It is hoped the student will study the remaining incidents to discover what the child is learning in each behavior situation, and that she will continue this method to observe in her own child's behavior what he is learning.

### INCIDENTS

1. As mother started away for the day she gave Aunt Ruth a written schedule for Baby Ann's feedings.

*Ann was learning to eat at regular intervals.*

When the maid asked, "When shall I give Baby Bob his bottle?" mother said, "Whenever he cries."

*Bob was learning to cry and be fed at irregular intervals.*

2. A mother had consistently called her daughter, Jane, in from play at eleven-thirty in order that she might get ready for dinner without hurry. One day she called her in as usual by saying invitingly, "Time to get ready for dinner." Jane jumped out of her swing, came in, and removed her wraps. Mother said encouragingly, "And now the bathroom." Jane went to the bathroom and said, "Get clean for dinner."

*Jane was learning to come in when called and quietly and unhurriedly prepare for dinner.*

When the dinner was ready, mother, who went out to call Dot, said, "Do you want to go in to dinner?" Dot said,

"No, I want to swing." Mother picked her up and carried her in, saying, "Don't you want your dinner?" Dot stamped her feet and screamed "No, no." Mother turned on the water to help her wash and said, "Hurry, hurry, hurry, dinner is ready." When Dot cried mother pointed to a picture on the wall saying, "See the boy. See the horse. See the boy jumping off the horse." Mother hurriedly washed Dot's hands while she was talking, carried her to the table, and said, "Now, do you want your dinner?"

*Dot was learning to be brought in and hurriedly to be prepared for dinner.*

3. As soon as Dick had been to the toilet and had washed he went straight to his own table which was in a corner of the kitchen, and began eating his dinner.

*Dick was learning that his table was the place to eat. Later he can learn to eat in other places.*

"Mother," said John, "where do I eat to-day?" When mother responded, John said, "No, I don't want to eat there."

*John was learning to question about his place of eating, to disagree with mother and probably to feel disagreeable as he starts the meal.*

4. Dan, at four and a half years, wiggled a great deal at the table. Mother bought a juvenile chair with suitable back rest and foot rest. Within ten days mother saw no further signs of wiggling. Dan not only ate more food but he ate more promptly.

On the other hand, when Ned's mother observed he was

wiggling she put him on a dictionary to raise him to a better height. The wiggling continued.

You will no doubt be able to recognize what Dan and Ned were learning. You will find both more pleasure and profit in the incidents if you can analyze them for yourself. You may enjoy comparing your analysis with a brief suggestive analysis which is given on page 19. The more you analyze for yourself the more skilful you become in analyzing.

5. Jean's mother had been advised to discontinue the bottle and have Jean drink from the cup. Mother gave her a little milk in the cup, held it to her lips and said, "Drink." Jean screamed "No, no," and waved her arms. Mother put Jean's hands on the cup and helped her get another swallow saying, "Drink"—"That's right, drink." She repeated this procedure until the milk was gone.

May pushed away the cup of milk, said, "No, no, no," screamed and stamped her feet until mother finally poured the milk into a bottle and gave it to her. She drank it quickly.

6. Ted was picking up his spoon to eat his potato. Grandmother said, smilingly, "Spoon for dessert. Fork for dinner." Ted laid his spoon down, picked up his fork saying, "Fork for dinner," and ate with it.

Dan was eating his vegetable with a spoon. The adult said, "Don't do that. That's for your dessert." She took the spoon from his hand and placed it beside his plate. Dan picked up some carrots with his fingers, paying no attention to his fork.

7. Mother had offered to help Bob with his carrots. Bob shook his head and did not eat. As mother left him she said, "When you have finished, come," and she went on with her work. Bob sat for half an hour, then finished his dinner and went to his mother.

Mother was holding Dot trying to give her carrots. Dot held her head down, turned it from side to side, and did not take the carrots. Mother said, "Look at the birdie," and tried again to feed the carrots. Dot spit them out. Mother offered her potatoes instead of the carrots and said, "Then, will you eat potatoes?" Dot ate the potatoes and left the carrots.

8. Dick refused his strained peas. He pushed away his bowl. While he was drinking milk mother quietly put the bowl back in its place. Dick ate the peas slowly and then said, "I don't like it. That was why. I didn't like it."

Bob ran away from the table leaving his beets uneaten. Mother said, "If you don't come back I'll spank you." He ran out-of-doors and stayed for some time. When he returned mother was busy and did not spank him.

9. When John had finished the food on his plate he said, "Egg? Egg? More egg?" Mother gave him a second serving and he ate it.

Ned ate all of his bacon and was given more before he had finished the other food on his plate.

10. Nan had been given more and more strained liver in her soup until she had become accustomed to the flavor. One

day when mother served her a few solid pieces of liver with bacon she ate it without a word.

When Ted's mother learned that liver should be part of a three-year old's diet she introduced the food in solid form saying, "Eat some and you will learn to like it." Ted ate his other food but refused to eat the liver.

11. As Dan finished his plate of dinner he was served his dessert. When his dessert was finished he was excused from the table.

The children in Dot's family were required to wait until all were ready for dessert. Dot wiggled. Frank played with the silver. Dot kicked at Don under the table. When the dessert was served mother said, "Sit up; next time you do that you can't have your dessert." They all laughed and began to eat.

12. Mother gently placed her hand on Ann's and said, "More," as she guided Ann's movements in filling the spoon, carrying it to her mouth and back to the plate. For the next spoonful mother merely touched Ann's hand and said, "More."

Jane's mother fed her saying, "You're old enough to feed yourself."

13. Dick was not getting enough milk to drink. Father said, "Drink milk, then eat." The first time the milk was offered Dick pushed it away. The second time he cried. The third time he threw himself back. When he sat up father held the cup for him. As Dick drank the milk father said,



"That's right, drink. Now eat," and promptly passed him the toast.

Ned had refused his milk throughout the entire day. At supper mother offered it to him many times. When he continued to refuse it she removed it.

14. John ate at a little table alone. He ate and drank without interruption. He finished his meal in twenty-five minutes.

Dan, age two years, who was at the family table, became so interested in his older brothers' discussion of aeroplanes that he forgot to drink his milk.

15. When Ted started to put some food in his mouth, mother quietly stopped him and said, "Swallow, then take more." Ted swallowed, and then took more food.

Mother permitted Bob to take more and more food until his mouth was so full that it was difficult for him to swallow.

16. Ned, who was watching the adults at the family table, was eating very slowly. Mother took his spoon, scraped together the food on his dish and said, encouragingly, "Almost finished." Ned finished eating the food.

Father turned on the radio during dinner. The family talked and laughed. May put her spoon down and began to clap rythmically. When the adults had finished eating mother said to May, "Aren't you going to finish your dinner?" May said, "No" and left the table with the family.

17. Dot tried to cut the tomato with her fork and then picked it up with her fingers. Mother said, "Shall I fix it so you can eat it?" Dot accepted her help and finished eating with her fork.

Jean was eating potato with her fingers. Grandmother said, "When I was a little girl I ate nicely. I should think you would be ashamed to eat with your fingers. Eat nicely." Jean continued to eat with her fingers.

18. Dick said inquiringly, "Eat with my spoon?" The adult responded, "I think you can use your fork." Dick used his fork.

Dan asked, "Eat with my spoon?" Mother paid no attention. Four times, with increasing emphasis, Dan repeated, "Eat with my spoon?" and then threw it on the floor.

19. John sat at the table but ate no food. Mother said, "Eat dinner" and when he made no attempt to eat she promptly placed her hand over his, helped him to take up a spoonful of food and to place it in his mouth. Then, relaxing her hold on his hand she cheerfully said, "More." When he took more she completely removed her hand and said, smilingly, "That's right, more," and he continued eating.

When Ned came to the table auntie said, "Good dinner, see milk, custard, vegetable, bread. Drink milk, then eat custard and vegetable." Auntie pointed to each article and then offered Ned some milk. Ned started to take some milk, then spit it out and said, "No more."

20. Bob put a large piece of potato in his mouth and said,

"It's hot." Father said, "Mine isn't hot because I take little bites." Bob repeated "Little bites" and finished his potato with little bites.

When Ted took a large mouthful of food and said, "It's hot," nurse said, "No, it isn't hot." Ted said, "Hot, hot," and played with his food.

21. Dick, who had been served potato twice, asked for more. Mother said, "Dessert now." He ate his dessert.

Dan asked for his third serving of bacon. Mother said, "Eat your dessert like a good boy and daddy will soon come home and play bear with you." When he continued to say, "I want more dinner" mother said, "Daddy won't like you when he comes." Daddy came and Dan ran to meet him.

22. James insisted that he had finished his dinner when he had eaten only a part of it and asked for dessert several times. Mother said, "Eat dinner first, then you may have dessert." James waited for some time but finally did eat his dinner.

Mother coaxed John, "Please eat your dinner. Be a good boy. Eat it for mother." John ate some. Mother coaxed again. The procedure was repeated until the meal was finished.

23. Ann said, "I must hurry and have my nap for I am going to a party when I'm through. Daddy, Mother, Sister." Mother smiled and said quietly, "There is some egg on your plate." Ann stopped talking and ate the egg.

Dick, who had eaten part of his dinner, said, "I had a birthday party. I had candles, and ice cream, and cake, and candy." Mother said, "Yes, you are a big boy now. You are four years old." Dick said, "I'm a big boy. I am four years old. I had a party." Mother said, "Play birthday party now and eat." Dick said, "I don't want this egg. I want ice cream." Mother said, "Eat your egg and we'll telephone to daddy to bring some ice cream." Dick ate his egg.

24. When Dan said, "I don't like beets," the adult encouraged, "You have just a little more." Dan ate more beets, waved his fork and looked about. The adult guided his fork back to the beets. Dan said, "These are red candles." The adult said, "Only two more bites." Dan ate them. When the adult said, "Now will you have more potato?" "More egg?" "More beets?" Dan took more of each and ate it.

Father said, "When you eat your carrots I'll give you a chocolate." Bob ate one spoonful and then asked for a chocolate. Mother said, "You can have a chocolate if you eat all your beets." Bob objected, "But I don't like beets." Mother replied, "Then you can't have any chocolate." Bob finally ate his beets and said, "Now give me my chocolate." Mother gave one to him.

25. Before he had tasted the tomato juice Ted said, "I hate this tomato juice." When he observed others drink he drank his.

Brother came to the table and said, "Gee, I hate this tomato juice." Nan mimicked, "I hate this tomato juice."

Mother said, "Brother, you drink it or I will tell father." Brother drank it grumbly, and Nan left hers, saying, "I want orange juice." Mother gave her orange juice instead of tomato juice and she drank it.

26. Mother began to wean Ned by offering him a little milk from a cup. As soon as he drank some she said, "That's right, drink," and she gave him a little chicken broth, which he was accustomed to take from a cup. When she offered milk again he stiffened and leaned back. Mother waited until he sat up and then she offered milk again. He drank it. She said, "That's right, drink," and she offered him more soup. This process was continued until he had taken a quarter of a cup of milk.

When mother attempted to wean John she offered him milk from a cup. He refused and cried. She then put the milk in the bottle and he took it readily.

27. Dan sat down at the table, picked up his napkin and handed it to mother. Mother gave it back to him saying, "Can you find the corner?" Dan said "Corner" and tucked it into his blouse.

Bob handed his napkin to mother who put it on for him.

28. Mother, who had been gradually increasing from day to day Dick's amount of cod liver oil, gave him a full teaspoonful and he took it with apparent enjoyment.

Mother had been advised to give James cod liver oil. She gave him a teaspoonful. He spit it out and struck at the

spoon. Mother spat his hands and said, "Don't do that, bad boy."

29. Ned had eaten all the solid part of his egg and was having difficulty getting the softer part on his fork. Mother said, "Can you finish with your spoon?" Ned did.

Mother paid no attention to Jean who was struggling with a poached egg except to say, "Hurry, hurry." Jean continued to struggle with the egg, and spilled most of it on the table-cloth.

30. When Aunt Ruth asked, "Have you had your milk this afternoon," John said, "Yes," although he had not had it. Aunt Ruth ignored this answer and quietly said to him, "John, your milk is ready for you." John went to get it and drank it promptly.

Father asked Billy if he had had his afternoon milk. He had not, but he said, "Yes." Father said, "Don't you tell me a lie. You go right straight and take your milk." Billy went to get his milk and drank it.

31. Bob said at lunch when visiting his auntie, "I don't drink milk at home." Auntie made no reply but drank her own milk. Presently Bob drank his milk.

Dick said, "I don't drink milk at home." Uncle said, "You drink it here." Dick said, "Why? Why do I drink it here? My mother doesn't want me to drink it." Meanwhile Uncle became engaged in adult conversation and paid no further attention to Dick who left his milk untouched.

32. Father offered Dan a glass of milk. Dan threw himself down and cried. Father let him slide to the floor and cry paying no attention to him. Dan cried loud and long but there were no tears. He then went to his mother's lap and said "din" for dinner. Mother put him in his chair and father offered him the glass of milk. Dan threw himself down again but stopped crying more quickly than before and climbed up in his chair. Father said, "Milk first, then more dinner," and offered him the glass of milk. Dan hesitated and then drank the milk.

Ted pushed away his plate of food and began to cry. Mother paid no attention to him but took his plate to the kitchen. When he asked for his dinner she said, "You can't have your dinner now. You wouldn't take it when I gave it to you." Ted lay down on the floor and cried.

33. James had taken a large spoonful of dessert and dropped part of it in his napkin. Mother encouraged him with "Take little bites in mouth," as she helped him with the next spoonful. James smiled and said, "In mouth," as he successfully carried a smaller spoonful to his mouth.

Father said to Don, "Why don't you watch what you are doing? You are dropping your food and spoiling your napkin." Don smiled and continued to take big bites and spill his food.

34. Dick talked and asked questions instead of eating his dinner. His sister said, "Eat now, then talk." Dick took the spoon and fed himself.

Mother answered all the questions which Ned asked. He continued to talk and did not eat.

35. At the family breakfast table Sarah and Peter were drinking milk. Mother offered Billy some milk in a glass saying, "Billy, drink." Billy watched the others intently and started to drink. Then he pushed the glass away. When Sarah began to drink again mother offered Billy his glass and said, "Drink milk." Billy took one swallow, refused more and slid to the floor. Mother continued to eat her breakfast. Billy went to mother and attempted to get in her lap. Mother placed him in his chair saying, "Drink milk." Billy drank his milk.

After Mary had refused to drink her milk, as she frequently did, mother commanded, "You drink your milk." Mary drank some and then began to play. Mother gave her a light slap saying, "I told you to drink your milk." Mary drank some more. When she hesitated again mother slapped more sharply. Mary whimpered as she finished her milk.

36. Ann, who had learned to dawdle, had been enrolled in the nursery school by her parents to help her form more desirable eating habits. One day when she had half finished her dinner she scraped her peas together on her plate saying, "1, 2, 3, 4, 5, 6 all around." The adult said, "Eat dinner now." Ann responded with the "grace" that had been said by the group at the beginning of the meal, "We are glad for this food." The adult said, "Do you need some help?" Ann cried, "No." The adult offered her a spoonful. Ann said, "No, no," but slowly finished the food on her plate and said, "Through." When the adult served her dessert, Ann put



her hands over her eyes and said, "My stomach aches." The adult passed the sandwiches to her. Ann took one saying, "Jelly?" "Honey?" The adult said "Eat now." Ann ate her sandwich and then asked, "What is this, pudding? Is this custard?" The adult responded, "It's custard." Ann said, "Custard. This is a lovely one." She ate some, then let the custard drop from her spoon into her cup again. She ate some more, then she used her dessert cup to mash several peas that had been spilled on the table-cloth. "Isn't this nice mud cakes mixed up." When she had finished she said, "I'm going to have some more milk." She poured it for herself and drank it saying, "Now I'm all through."

Jean, who was learning to dawdle, came to the table and pushed her food around her plate. Mother threatened, "If you don't eat I'll take your plate away." Jean continued to play with her food. Mother again threatened, "Shall I put you in the kitchen?" Father said, "Come, sit on my lap and eat it for me." Jean sat on father's lap but did not eat. Then mother said, "You must eat your dinner." She returned Jean to the high chair and fed her.

37. Bob broke his cup and immediately began to pick up the pieces. Mother quietly said, "That's right, pick them up."

As soon as Ted dropped a dish he began to cry, "I didn't mean to, did I?" Mother set him firmly down on the chair, picked up the pieces and said, "Oh dear, there you have broken another dish."

38. Jane spilled some milk on the floor. Without suggestion from any one she brought the small mop and pail, wiped up the milk, and returned the mop to its corner.

Betty spilled some dessert on the floor, laughed, and said, "It spilled," and when mother scolded her and cleaned it up Betty poured the rest of it on the floor.

39. At the end of the meal Dick very carefully folded his napkin and placed it on the table. He said, "See, I did it."

After Mary had folded her napkin and placed it on the table mother said, "Look at mother's table-cloth; you spilled your fruit on it."

40. The children at the table were pleased to find cherries in the dessert. Dot found one and picked it out with her fingers. Mother said, "Eat it with your spoon." Dot shoved the next cherry out on to her spoon with her fingers, then ate it from the spoon. Mother said, "That's right. With the spoon. Can you get one *out* with your spoon?" Dot did saying, "I can."

Jean picked the raisin out of the pudding with her fingers. Mother asked her to use her spoon. With her fingers she put the raisins into her spoon and ate them. Mother wiped her hand roughly on the napkin and said, "I told you to use your spoon."

#### SUGGESTED ANALYSIS OF THE INCIDENTS

1. Ann was learning to eat at regular intervals.  
Bob was learning to cry and be fed at irregular intervals.
2. Jane was learning to come in when called and quietly and un-hurriedly prepare for dinner.  
Dot was learning to be brought in and hurriedly to be prepared for dinner.

3. Dick was learning that his table was the place to eat. (Later he can learn to eat in other places.)  
John was learning to question about his place of eating, to disagree with mother, and probably to feel disagreeable as he starts the meal.
4. Dan was learning to sit still and to eat more efficiently.  
Ned was learning to wiggle.
5. Jean was learning to drink from a cup.  
May was learning to refuse the cup and to scream for the bottle.
6. Ted was learning to use the fork and to know the meaning of "Fork for dinner."  
Dan was learning to eat with fingers instead of either spoon or fork.
7. Bob was learning to feed himself food which he had refused.  
Dot was learning to substitute one food for another.
8. Dick was learning to eat food which he had said he did not like.  
Bob was learning to refuse food, and to avoid an adult who is threatening.
9. John was learning to eat an optimum first serving, to choose a second helping and to eat it.  
Ned was learning to eat a second helping of some food and to leave other foods.
10. Nan was learning to eat a very very small serving of a new food.  
Ted was learning to eat some food and leave other foods.
11. Dan was learning to eat promptly and leave the table when the meal was finished.  
Dot was learning to eat the food on her plate, to wiggle and play, then to be scolded and to eat her dessert.
12. Ann was learning to place her hands on the spoon, to fill the spoon, to carry it to her mouth; to understand the word "More" and to continue eating with less help.  
Jane was learning to depend upon mother to feed her and to hear remarks which were not helpful.

13. Dick was learning to drink.  
Ned was learning to refuse milk and have it removed.
14. John was learning to eat as a matter of course and without interruption.  
Dan was learning to listen to adult conversation instead of eating.
15. Ted was learning to swallow after each mouthful.  
Bob was learning to take several spoonful before swallowing, and to swallow with difficulty.
16. Ned was learning to finish the food in the dish before getting more.  
May was learning to leave the meal unfinished.
17. Dot was learning to use the fork.  
Jean was learning to eat with fingers, and to ignore the long suggestion which probably had no meaning for her.
18. Dick was learning to use the fork for certain food, to accept helpful suggestion and act upon it.  
Dan was learning to repeat questions, to raise the voice, and probably to resent adult neglect.
19. John was learning to eat in response to an adult's helpful verbal direction.  
Ned was learning to resist food when an adult talks about food too much and anxiously.
20. Bob was learning to take little bites, to avoid too much heat, and to accept needed help.  
Ted was learning to play with his food because a large mouthful was hot. (He was not helped to take little bites.)
21. Dick was learning to finish a meal with the aid of a single, brief, helpful, suggestion.  
Dan was learning to ignore the many, long, customary entreaties and threats.

22. James was learning to eat dinner first, then dessert, and to achieve success as a result of an adult's directions.  
John was learning to eat as the result of coaxing instead of as a matter of course.
23. Ann was learning to stop talking in order to eat.  
Dick was learning to talk instead of eat, and to eat for the sake of a bribe.
24. Dan was learning to eat food and to reduce comment about it.  
Bob was learning to refuse food before eating it, to comment freely about food, and to eat for a bribe.
25. Ted was learning to take food.  
Nan was learning to comment about food, to refuse some food, and to demand other food.
26. Ned was learning to take milk from a cup as he had taken broth.  
John was learning to refuse milk from a cup and, instead, to get it from the bottle.
27. Dan was learning to put on the napkin.  
Bob was learning to expect and to accept help with the napkin.
28. Dick was learning to take cod liver oil with enjoyment.  
James was learning to refuse cod liver oil, to spit, to strike at an adult, and probably to feel resentful toward the adult.
29. Ned was learning to use a spoon for soft food and to utilize a helpful suggestion.  
Jean was learning to spill food and to ignore words which may have little meaning for her.
30. John was learning to drink his afternoon milk and probably to appreciate adult help.  
Billy was learning to drink his milk but probably to experience fear and misunderstanding.
31. Bob was learning to drink his milk at auntie's house, even though slightly resistant.  
Dick was learning to argue about milk and then leave it.

32. Dan was learning to check emotional behavior and to take his milk.  
Ted was learning to cry instead of to eat.
33. James was learning to take small bites and to eat without spilling.  
Don was learning to take large bites, to spill, and to ignore adult talking which was not helpful.
34. Dick was learning to stop talking in order to eat.  
Ned was learning to talk instead of to eat.
35. Billy was learning to drink in response to the word, "Drink" and to the example of another.  
Mary was learning to drink in response to a slap.
36. Ann was learning to continue eating, with suitable, consistent help from an adult.  
Jean was learning to dawdle instead of eat (the adults meantime had made four unsuccessful attempts to get her to eat).
37. Bob was learning to follow up an accident with suitable behavior.  
Ted was learning to follow up an accident with behavior which is not suitable, that is with crying.
38. Jane was learning to follow up an accident with suitable behavior.  
Betty was learning to follow up an accident with behavior which is not helpful, especially in attitude.
39. Dick was learning to fold his napkin and to appreciate his own progress.  
Mary was learning to fold her napkin perhaps with needless difficulty since mother was scolding about the table-cloth.
40. Dot was learning to respond to adult help and to recognize her progress.  
Jean was learning to respond with partial success to adult help and to be scolded for her failure.

## QUOTATIONS ABOUT EATING BEHAVIOR

You have by this time no doubt become familiar, through these incidents about children, with many more ways of behaving than you have observed in your own child. You may now be interested in the following opinions about eating behavior by various authors. You will find the same point of view expressed in the selected quotations as was implied in the incidents.

*Fenton.* Page 259, L. 1 through L. 18.

"Regularity is the first essential in establishing good habits in feeding, and this regularity should be established from the beginning. This is an essential for health, and no less important on psychological grounds. The baby who is fed whenever he frets readily learns to use fretting as a weapon for getting what he wants on all occasions.

"Of course, adherence to schedule must be tempered with common sense. If a baby is wailing from hunger fifteen minutes before the clock decrees that dinner-time has arrived, there is no point in letting him spend that time in screaming himself into a state of exhaustion. This will simply make him too tired to take a full meal when it is finally offered him, and next time he will be hungry still further ahead of schedule—and so the vicious circle goes on. A little timely diversion, such as an excursion in his perambulator, may sometimes be used to advantage in tiding over such small crises, and getting an upset schedule back into running order."

*Cleveland.* Page 36, L. 13 through L. 24.

"It is in the opportunity for this *unrelenting regularity*

that the nursery school has one of its greatest advantages over the home. A schedule which is easily possible with trained specialists supervising each detail of the child's day is almost unattainable under the direction of one mother who must adjust to the needs of a whole family. Yet since the school had demonstrated so conclusively that regularity is a condition of proper development, it seems only fair to insist in the face of all difficulties that regularity must somehow be secured."

*Cleveland.* Page 37, L. 7 through L. 16.

"Certainly the school can show a large and growing list of children whose behavior has improved along with their general health since they began eating proper food at proper and regular times. Now what are proper and regular times, and why are they so hard to observe in the home? To begin with, the little child should have his hearty meal at noon, and a very light supper at five or thereabouts."

*Seham.* Page 269, L. 22 through L. 26.

"No child should eat his supper later than 6:30. It is more advisable to have him eat by himself than to make him wait for his father, who, because of work, may have to stay away from home until late in the evening."

*Roberts.* Page 112, L. 17 to page 113, L. 33.

"There are several bad food habits that contribute to malnutrition. . . . Between-meal eating is one of the more serious of these. . . . Hurried meals may affect nutrition. . . . Extremely irregular meals, too, have their effect on the child's nutrition."



*Baker.* Page 110, L. 22 and Page 111, L. 14 through 17.

"First of all, the meals must be regular. . . . Once the habit of three regular meals a day has been established as the proper basis, nothing should be permitted to interfere with this routine."

*Emerson.* Page 117, L. 13 through L. 16.

"Irregular intervals between meals, and the practice of nibbling food all through the day interferes with the appetite for the next meal."

*Cleveland.* Page 42, L. 15.

"No eating between meals should be permitted."

*Thom.* Page 67, L. 9 through L. 29.

"In the development of proper habits of eating, nothing is more important than the state of mind of the child at meal times. Every effort should be made to have him calm and cheerful, and, if possible, free from immediate demands on his time for other purposes. This necessitates giving the youngster an advance warning so that he can finish the task at hand and have a few minutes of rest before he comes to the table. It is to be expected that the child who is called from some intensely interesting occupation or play will not be as much concerned about eating as he would be if that were his sole duty for the moment. . . . Until desirable habits of eating are well established, it is best to have the child eat alone, where, without an interested audience, he may learn to feed himself. If he slops and spills things about in this process of learning, no great harm will be done."

*Baker.* Page 417, L. 20 through L. 32.

"One of the more obscure causes of undernourishment is the emotional reaction of the child to his family environment. My own experience has yielded definite knowledge—and I am sure this will be supported by the experience of all pediatricists and other workers with children—that many children are undernourished because of an unhappy or quarrelsome home life. The removal of a child from such an unfortunate environment to one where he is happy and contented, away from the old surroundings to those where he may find conditions peaceful and congenial, will result in such a startling transformation in his nutrition and general state of health that the cause of his previous undernourishment may be determined beyond question."

*Blanton.* Page 38, L. 20 through Page 39, L. 31.

"Another baby would not eat when the grandmother came into the room. She would look at her grandmother and coo and squeal and then spit out the food. This constituted a sort of game with her grandmother, and was of more interest to her than eating. Such small things seem hardly worth mentioning, and yet they often determine the eating habits of a person for life. A young child should not eat with older people, as he notices the anxiety and dislike of the parent or adult for strange foods, and consequently is likely to assume the same attitude. . . . Care should be taken to have the child's food appetizing. . . . In feeding the child any new food, it is well to begin with only a teaspoonful at a time. After three or four days, one may give a teaspoonful and a half, and at the end of a week two teaspoonfuls. The amount should not be increased too rapidly.

"One of the significant things about the process of learning to eat is that the infant has the sole attention of the person who is feeding him. If the parent does not insist firmly that the baby pay attention to his eating, he may make a play of his meal and prolong it for an hour or more. The cooing and the babbling of the baby and the spitting out of his food and the grimacing sometimes appeal to the young mother, who responds by laughing, and the baby thinks the whole thing is a sort of game. It is essential that the mother insist that the baby attend to his eating until the meal is finished.

"Often, when the appetite is poor or the child has been unwell, he has to be coaxed, petted, cajoled, and urged to continue his feeding in order to empty the bottle or the breast. As a result he develops a method, perhaps, whereby he gets attention by refusing his food; and unless he is very hungry, he is apt to resort to this procedure to get this attention. Even babies as young as seven or eight months will stop their feeding and smile and coo, thus developing some slight tendency to get attention by not taking their food quickly and adequately at the regular feeding hours. But if they are being fed alone in a room with an adult trained to meet this situation, and are not permitted to dominate in this way, the problem need not become an acute one."

*Baker.* Page 107, L. 6 through L. 14.

"Children who are pampered, over-cared-for and over-indulged frequently suffer seriously from undernourishment simply because their food habits are bad, whereas children whose appetites and tastes have not been so constantly catered to will frequently get the best value from their food, even though the food itself may not be all that could be desired."

*Thom.* Page 69, L. 20 through L. 29.

"Remember that children are quick to copy. If, for example, grandmamma is on a limited diet and cannot eat this or that, or if father frankly emphasizes his likes and dislikes, then the child is likewise apt to become finicky and notional in his eating, although purely on the basis of imitation. The child who early learns to eat with a good appetite whatever is set before him will be saved much discomfort and embarrassment in later life. . . . Dainty serving of food goes a long way in arousing appetite. A small table and china 'all his own,' . . . may have a great appeal."

*Watson.* Page 99, L. 14 through P. 102, L. 4.

"A beautiful little girl three years of age required the whole household to get her to eat. They asked me to take her in hand and to make recommendations. I first watched the eating performance through a crack in the door. The child was eating in her play room. She had eaten there all her life. This play room was a repository of at least five hundred toys. The nurse was old and fussy. She was the kind who had raised seven of her own, and, therefore, knew how to 'raise' children. Here is a part of what I saw and heard. I can give you only a little of the conversation. 'Dearie, here's your nice dinner—nice cereal and milk. You are going to eat like a nice girl to-night, aren't you?' The child took a spoonful or two, then began to hold the spoon in mid air gazing in admiration at her pile of toys—then she day-dreamed away for a time and next began a soliloquy addressed to the empty air. The nurse broke in and took the spoon out of her hand roughly and began to shovel food down her throat amid struggles, saying, 'You are a bad girl.' 'Martha will go away

and leave you if you don't hurry up and eat your food.' Then followed a long time of 'nice girls' with forced feedings. Such had been her mealtimes since the child first began to eat alone. Is it any wonder that it took one hour to get her to down a bowl of cereal, a small piece of bread and a cup of milk? Is it any wonder that the child slipped into day dreams to escape? . . . for this case I prescribed a change in the whole feeding régime. I asked the parents to discharge the old nurse and to get one who didn't know how to talk baby talk and one who had enough sense not to talk very much anyway while a child is performing a definite part of its daily routine. I asked them to let the child eat down in the dining room *alone*. I stipulated that if the child refused to accept this routine and went into a temper tantrum she was to be taken to her own room where she could cry herself out without an audience. Then when good temper was restored again, she was to be given one more trial at the food and if the same thing happened again, she had to go without that meal. I next stipulated that the mother should take a six weeks' vacation.

" . . . Naturally, you want to be sure when trying out a procedure of this kind that nothing is organically wrong with your child before you use this method.

*Seham.* Page 273, L. 17 through L. 19.

"Children are seated at clean tables covered with spotless table clothes and the table service is clean and appetizing."

*Baker.* Page 92, L. 18 through L. 27.

"In preparation for weaning, it is a good idea to accustom the child to the use of the bottle during the early months of

life. This may be done by giving water from the bottle between feedings. There are some instances in which it seems desirable to teach the baby to drink from a cup as soon as he is weaned. This method has the advantage that it is then unnecessary to teach the baby to give up the bottle at a later date."

*Thom.* Page 51, L. 6 through L. 10.

"One of the first tasks confronting the mother is the dual one of supplying proper nourishment to the newborn child, and helping it to develop desirable habits for taking this nourishment at such times and in such ways as will best serve its physical needs."

*Lucas.* Page 167, L. 24 through L. 32.

"Teaching a child to feed himself early assists . . . often a grown-up's pace of feeding food to a child is too rapid. Time, patience and an atmosphere of happiness are absolute essentials in getting a little child to eat the food necessary for his return to proper weight. To nag, scold, threaten is to use only temporary and flitting methods. Meals become a torment to both child and parents and little weight is gained."

*Blanton.* Page 32, L. 25 through Page 33, L. 13.

"Often infants who adapt themselves to the diet of this period refuse to adapt themselves to its customs. They will take their milk or their water from only a bottle. . . . Children even four or five years old sometimes refuse to eat with an implement other than a spoon, or will refuse to feed themselves at all. These are the beginning symptoms of behavior difficulty.

"By the end of two years the child should be on a modified adult diet. . . . He should sit at a table and eat the suitable semi-solid and solid foods that the adults eat. He should try to eat with a fork, and spoon, and drink out of a cup. The child should be permitted no 'food peculiarities' other than those imposed by his years. There are, of course, occasional individuals who cannot eat certain foods. . . . But until it has been clearly proved that a certain food is harmful, the child should not be permitted to refuse it."

*Fenton.* Page 261, L. 28 through L. 33.

"He should have a short-handled spoon of his own, a cup or shallow glass without a handle to get in his way, and deep dishes with sides that make almost a right angle with the bottom, so that food will not be too easily pushed over the edge by his awkwardly managed spoon."

*Watson.* Page 108, L. 7 through L. 19.

"The child can learn to feed itself at quite an early age, the average child at about eighteen months. In a month to six weeks time thereafter it should become fairly proficient in getting all of its food to its mouth with a spoon. At twenty to twenty-two months you can begin to replace the spoon with a blunt fork. A bottle fed baby can easily be weaned at from six to eight months. It can be taught to drink directly from a cup. It should begin to drink without assistance about the eighteenth month. Hunger will do wonders; patience for a few days or weeks will do the rest."

*Watson.* Page 108, L. 4 through L. 7.

"The most practical advice one can give the nurse or



mother is to let the child learn as quickly as possible to do everything for itself."

*Fenton.* Page 262, L. 2 through L. 14.

"An increase in the proportion of delicacies in his menu proves a great spur to effort in learning at this time, for it is remarkable with what celerity and skill custard or apple-sauce or prune-whip is disposed of at a stage when cereal is still messed about and copiously spilled. Usually a baby is eager to begin his lessons in feeding himself by the time he is fifteen months old, and by eighteen months is managing fairly well. The two-year-old should require almost no assistance. It is a good plan to serve a child's meal strictly in courses, one thing at a time, in order to discourage any experiment in mixing things together, and to encourage the child to finish each portion before he is given the next."

*Fenton.* Page 261, L. 3 through L. 23.

"*Learning to feed himself* is the next stage in the process, and one which should be encouraged in every way. A baby's first attempts to feed himself are slow and clumsy, and result in much spilling and mess. It is much easier at the time for the mother to take away the spoon or cup and feed him herself, but it is much better for him to do it himself, and this saves trouble, too, in the long run. Every spontaneous impulse to do things for himself should be encouraged the moment it appears; if you make the baby wait until *you* decide that it is time for him to begin to learn any process, his own interest may have lapsed for lack of proper stimulation. It is much more important to have a self-reliant and ambitious baby than to avoid messy bibs or even dirty floors, and the



extra time and patience required to encourage the baby's inexperienced and slow attempts to handle his spoon are many times repaid in the end. Envelop the baby in a bib or apron that covers his clothes completely. This should be water-proof, so that no amount of spilling can affect his clothes. There are many makes of rubberized cloth now on the market that are soft, comfortable, and attractive in appearance, and may be easily wiped off, ready for use again."

*Thom.* Page 69, L. 29 through P. 70, L. 16.

"Of course, the child should have plain, nourishing, easily digested food that is well cooked and served in small quantities. Regularity in serving meals is of great importance, not only for physiological reasons, such as keeping the intake of food evenly regulated in order that the digestive apparatus may work smoothly, but for other reasons as well. Obviously if a child learns that food is available at any hour of the day, he will not be greatly concerned in eating at any definite time. It should be understood by the children, and strictly adhered to by the parents, that if the youngster does not eat at the allotted hour, he gets nothing until the following meal. This means that care must be taken to prevent his being fed between meals by other members of the family, or supplied with pennies with which he can buy sweets to appease his hunger during the interval. The child should not be hurried during the meal, nor should he be given so much time as to encourage dabbling with his food."

*Cleveland.* Page 38, L. 10 through L. 18.

"Noon Dinners and Light Suppers. The mid-day dinner at the Nursery School is the main meal of the day. Its at-

tempt to regulate diet may be undone, of course, by the two meals the children have at home. Most of the mothers, however, have co-operated splendidly, keeping records of food eaten at home, following suggestive menus sent out by the school, and permitting no eating between meals."

*Seham.* Page 268, L. 3 through L. 19.

"The noon meal is hardly any better, since the mother is busy with other duties, or, as so often happens, is engaged in outside work to help fill the larder. The child, alone in the deserted kitchen, helps himself to what is most handy and ready to eat; bread and butter, crackers, smoked fish, sardines, sausage, or cold sandwiches left for him by his mother. To have only a 'snack' at noon is the habit in many homes. Convenience and economy urge that meals during the day be regarded as 'stayers' until the wage earners shall return home, or the shop be closed, and the entire family can assemble for dinner. And dinner is served accordingly late, often at eight or nine o'clock. To realize that, after a long school day and hours of strenuous play in the street, children are unable to digest and assimilate adequately this late meal, needs only little imagination."

*Fenton.* Page 262, L. 15 through L. 27.

"Begging and teasing for viands from the grown-ups' table are faults which depend almost entirely on training and habit. If the baby is *never* given tastes of the things his elders are eating, he will not expect them. It is easy enough to accustom a child to accepting the food in his own dishes, and not expecting anything else or asking for it. . . . This is only possible, however, if the rule that he shall eat only the

food from his own dishes is consistently enforced. He cannot be given a bit from another dish 'just this once' and then be expected to remain content with his own simple fare next time."

*Blanton.* Page 43, L. 16 through Page 46, L. 23.

"It will be helpful to classify the chief food difficulties and discuss them independently of the food stages. The four types most frequently met with are: (1) refusal or almost complete refusal of food; (2) dawdling over the food; (3) certain articles of food, and accompanying this, often, a finickiness about the way food is prepared and served. . . .

"Children vary greatly in the rapidity with which they eat, and a considerable variation is possible within the limits of health. Some eat their meals in twenty-five or thirty minutes, while others may take thirty to forty minutes. It is wise to allow a reasonable amount of freedom in the length of the meal-time.

"It is not uncommon to find children of four or five years of age who take an hour or more to eat their meals. This, of course, is an unreasonable length of time. The average child should eat his meals within thirty or forty minutes. We might add that parents often spend the first six or seven years of a child's life urging him to eat fast, and the next seven years urging him to eat slowly.

"The food should be appetizing, and should be daintily served, and the portions should not be too large. It is helpful to divide the meal into three or four courses, so that the child will have only a small amount of food in front of him at one time.

"Dawdling is a symptom, and the cause is to be found in a

study of the child's whole routine. . . . They often dawdle over their meals because the day offers nothing alluring. . . .

"Elizabeth was the first grandchild in the family, and she had been alternately bossed and petted by three grandparents, two aunts, and her mother and father. Sometimes she was allowed to do exactly as she pleased; then again she was surrounded by all sorts of nagging restrictions. She had to pick up her toys; she had to keep her dress clean; she had to wash her hands frequently. Her days were made unhappy. She could not look forward with certainty to a morning of free play with other children, and as a result of this treatment, Elizabeth became very negative and dawdled over her food. By putting her in a nursery school, having her play with other children, and giving her firm and consistent discipline and more play outlets, the child's whole attitude was changed. It was not difficult then to get her to eat her meals in a reasonable length of time."

*Fenton.* Page 262, L. 27 through L. 34.

"Capriciousness in appetite, too, is a fault that usually is due to improper training. The little child knows only the foods that are set before him. If wholesome and suitable foods are the only ones with which he makes acquaintance, and if these are presented with an air of assurance and confidence that of course he will like them, he *will* like them, and eat them as a matter of course."

*Seham.* Page 267, L. 25 through L. 34.

"With the nervous and irritable mother vainly attempting to overcome the confusion, haste and strife are the inevitable result. The habit of crowding the mouth and washing down

the food which prevails with a large number of school children is often begun in this way and is most difficult to break. Some children pour down a cup of coffee, others add a biscuit, a slice of bread and butter, or a piece of cake or crackers; some rush away without any breakfast at all."

*Lucas.* Page 164, L. 1 through L. 9.

"A normal healthy child eats a variety of food and has no special dislikes, although some children on a well-balanced diet will show very definite food dislikes. Usually sufficient appetite will conquer and the wholesome food will be eaten because the child is really hungry; but long-continued lack of appetite and freakish desires usually indicate illness of some sort."

*Cleveland.* Page 41, L. 3 through L. 9.

"The only way to get food habits properly established with little children is to begin at the very beginning and simply take it for granted that they must eat what is set before them. Of course every effort should be made to get them really to enjoy their meals. Enough variety should be planned to stimulate the appetite."

*Walsh and Foote.* Page 89, L. 31 through Page 90, L. 4.

"Give only a small amount of a new food the first time, gradually increase the amount given. Introduce one new food at a time. . . . Letting him pour it [milk] from a little pitcher may also help."

*Emerson.* Page 108, L. 23, through L. 27.

"It is a safe rule to require the child to take a little of each

food provided for the family table in order that he may not get the idea that he cannot eat this or that, and thus be deprived of an essential food element."

*Emerson.* Page 117, L. 16 through L. 19.

"The serving of too large a portion will sometimes cause a child to eat less than he would if a smaller amount were offered."

*Lucas.* Page 164, L. 33 to Page 165, L. 7.

"Little children are often living on about one-half the necessary calories, and it is easily done if a child is allowed to half finish his breakfast, leave one-third of his supper, and, because he is so interested in his play, slip away from an unfinished lunch. Insufficient food is not alone the portion of the poor, but often occurs where there is abundance."

*Blanton.* Page 31, L. 1 through L. 12.

"There is a great difference in the way in which infants react to the necessity of taking the breast. Some babies take it at once, avidly; some take it calmly; some are trained to take the breast only with great difficulty. . . . Disinclination to feeding may be due to a poor milk supply in the mother's breasts or to physical anomalies of the breasts. Sometimes a nervous child nurses poorly because of the anxiety of the mother or nurse."

*Blanton.* Page 41, L. 12 through Page 42, L. 13.

"Food peculiarities may be due to imitation. The learning of food likes and dislikes is so important that the child should not be subjected to the attitude and training of adults who

are themselves incorrectly trained. The fact that a person is intelligent and well trained in general does not insure him against lack of insight in regard to his food habits.

"A very well informed and intelligent mother said, of her infant, that he ate everything except cream of wheat, and she could quite understand his dislike of cream of wheat because she, herself, did not like it. When we asked her if she did not feel that the child's dislike could be accounted for as having been learned from her, she said, 'Oh, no, the baby is only eighteen months old, and I have never told him that I dislike it.' This obvious error in reasoning on her part was due to the fact that it had not occurred to her that a child of eighteen months learns more through the muscles than through speech, and that it was not necessary for her to have told him that she did not like cream of wheat, because he had already learned it through her muscle-tensions.

"The majority of adults do not frankly say, 'I do not like spinach,' or 'I do not like peas,' or 'I do not like meat.' They are more inclined to say, 'Spinach does not agree with me,' or 'Peas do not agree with me,' or 'Meats do not agree with me.' This is a pernicious habit, for often the child comes to think of his stomach as a fragile and delicate organ. In this way a marked anxiety concerning health is often developed, and the child is taught to attribute to physical causes many things which properly come in the field of psychological adjustment and emotional attitudes.

"Domination of the parents by the infant is another reason for 'food peculiarities.' It is not uncommon to see children at an early age dictate what their diet shall be. Many mothers become alarmed at any deviation in the child's diet or appetite and show their anxiety to the child. In this way, he



becomes conscious of a method of getting his way and of dominating his environment."

*Seham.* Page 250, L. 11 through L. 14.

"Because an act appeals more strongly to his mind than a fact, no command, 'Eat your peas,' will ever equal in forcefulness the good example of those around him."

*Cleveland.* Page 43, L. 8 through L. 11.

"If no mention is made of distastes, if adults eat willingly and cheerfully what is set before them, the chances are that children will do the same."

*Blanton.* Page 48, L. 16 through Page 49, L. 10.

"Nervous, sensitive children very often develop finicky appetites in the middle of the winter. . . . Their appetites will be improved not only by the exercise, but by exposing them to the direct sunlight. . . .

"Refusal of certain articles of food, and accompanying this, often a finickiness about the way food is prepared and served, is probably the most common of all the food difficulties in children. This attitude is often assumed as a means of attracting attention. In many homes the meal-time is the battle hour. The child is urged to eat this or that particular type of food because the doctor said so, because the mother will feel sad if he does not, or because he promised mother that he would; or father insists that the child eat his food, or he will 'use the razor strop.'

"No child can be expected to eat in a normal manner under such conditions as these. The first thing necessary is to make him realize that he must eat the food that is put in front of him without any argument or discussion."



*Baker.* Page 107, L. 26 through L. 29.

"Children who live in rooms without proper ventilation, who do not play enough outdoors or get wholesome exercise, almost always have a poor appetite."

*Walsh and Foote.* Page 86, L. 25 through Page 88, L. 5.

"A problem often brought to the physician by a mother is 'How can I make my child eat?' Frequently when a diet list is given the mother will say, 'My baby will not drink milk and refuses to eat green vegetables. What shall I do?' This is indeed a difficult problem to solve. First we should investigate the probable cause of the dislike toward these foods. And we must remember that such causes are hard to understand by grown-ups. Children are imitative and fond of power over their elders. If they hear their parents discussing food likes and dislikes they will soon begin to imitate them. Before long they also discover what they believe is an important fact, and that is that no one can force them to swallow food against their will. If in addition they come to realize that a refusal to eat a certain food causes a considerable amount of excitement in their family and focuses attention on themselves, they do not fail to frequently utilize this means of asserting themselves. If, finally, at times a scene is created and a rejected foodstuff is forced upon them, then an unpleasant negative mental association is apt to develop at the sight of that particular article for a long time afterward, which may continue into adult life. Most of the likes and dislikes we encounter in adult life were acquired in childhood. 'I never could drink milk,' and similar statements have nearly always at their source a mental antipathy dating back many years, and most of these individuals are

really suffering from a negativism acquired when they were children.

"It is most important to prevent when possible in the beginning the formation of these habits of food dislike in the very young."

*Blanton.* Page 36, L. 27 through Page 38, L. 1.

"Occasionally, in an effort to get the food well back in the mouth, the throat may be touched in such a way as to start the gagging reflexes, and the child regurgitates. Gagging and vomiting are common in infants, and should not be an occasion for anxiety under these circumstances. . . .

"A great deal depends on the attitude and calmness of the mother or nurse in meeting such situations. . . .

"Of course if the child has a definite illness such as would necessitate a change in the normal diet, he should be under the care of a physician. . . .

"During illnesses . . . he must eat a stated amount of food at regular intervals. . . . Under such circumstances one should study the child and get at the cause of the lack of appetite."

*Walsh and Foote.* Page 90, L. 28 through L. 32.

". . . for vomiting children (those who can vomit at will). Give such a child a small amount of food, if he vomits, give him more, continue until he keeps the food down. When he learns that you know his trick he will stop it and eat without vomiting."

*Walsh and Foote.* Page 181, L. 29 through Page 182, L. 20.

"Nervous vomiting or hysterical vomiting may occur in

the child who has numerous food dislikes, and who imagines things about food. . . . This type of child finds it very easy to become nauseated and to excite vomiting by simply seeing, or thinking about, disliked foods. After a while vomiting may be excited by any discussion regarding food, or any unpleasant scene in which a disliked food is offered. The mother frequently brings the child to the physician, offering a pitifully inadequate list of foods, consisting mostly of sweets and a meat or two, as the only things which the child can eat, and says: 'If I give her milk, or bread, she will vomit immediately.' The precocious, very thin little creature accompanying her mother may even proudly verify this statement. It is true that chronic indigestion does occur in young children, and is sometimes accompanied by vomiting after feeding, yet the characteristic mucous type of vomitus, the history of bad food habits, the dilated stomach and many other signs, easily enable a careful physician to tell the difference between a little hysterical fraud and a real sufferer."

*Emerson.* Page 71, L. 22 through L. 25.

"A frequent cause of malnutrition is found in the child's feeling that he has been unjustly treated, and the fact that he may be mistaken makes the result no less serious."

*Cleveland.* Page 43, L. 17 through L. 24.

"We do not know much about how food prejudices get started, but what little we do know indicates that the trouble is the result either of some chance disagreeable association—such as Agnes indicated in insisting that macaroni made her think of worms, in imitation of the behavior of adults, or of injudicious insistence."

*Emerson.* Page 71, L. 13 through L. 21.

"Winning the child's confidence. There is nothing of greater importance to a child than to feel that he is understood. The wise mother knows when a child is over-taxed, and makes proper allowance for him. She realizes that his disposition changes under stress, and says, truly, 'He is not himself.' She studies to recognize the occasions on which this is a valid excuse, and tries to find the cause and remove it."

*Thom.* Page 56, L. 25 through Page 57, L. 7.

". . . Sally, aged six. Her mother died of tuberculosis, and the father is haunted by a fear of the child's having contracted the disease. His one desire is to see her fat and rosy. Three large meals a day are forced upon this child by an overwrought father, who by his own anxiety creates such a tense atmosphere in the home that Sally loses all appetite or bolts her food in fear of the wrath to come. Or, in a different mood, she waits to be coaxed and bribed to swallow a single mouthful. Instead of being a simple routine, meal-time offers an opportunity, which the child sees and grasps, for staging a little drama in which she is the principal figure, the object of solicitude and concern."

*Thom.* Page 61, L. 18 through Page 63, L. 4.

"Frances, aged five years, had been in the habit of vomiting intermittently for the past two and a half years, sometimes several times a day. She never went longer than two weeks without vomiting. It occurred especially in the morning, but also at all other times. Sometimes on waking in the middle of the night she would be nauseated and call her

mother. The trouble began after a tonsil and adenoid operation, when the child was under ether a long time and vomited constantly on the day after the operation.

"She was a precocious child, and it was evident that this vomiting played an important part in her life. She thought about it a great deal and talked about it in much the same way as a neurotic woman might discuss her symptoms. She had reached a state of mind where any undue emotion or strain easily upset her and caused the immediate reaction of vomiting.

"The family physician considered that the trouble had a physical origin and urged an operation for chronic appendicitis, which was done against the advice of other physicians. The condition in which the appendix was found did not explain the vomiting; and the trouble continued. The child was physically healthy.

"The mother was worried and anxious. Her attitude toward the child was one of absolute devotion, almost of reverence. There were two older children who gave little trouble and most of the mother's attention was given to Frances. Her diet was constantly under consideration, and she was given her meals apart from the other children. She was not allowed to go out and run about with the children, as the family physician had recommended restricted exercise. At times her mother kept her in bed and when she took her out used a carriage rather than let the child walk. The neighbors supposed the little girl was an invalid. It was clear that Frances had found out that she got sympathy and was considered different, while she continued the habit of vomiting.

"In spite of the fact that the mother was in general an intelligent and sensible woman, her emotional attitude toward

this child was very difficult to overcome. When Frances was sent to school, her mother went with her every morning and came again at recess time to see if she had been vomiting. By degrees, however, the mother learned to ignore the habit for the most part and to allow the child to lead a normal life. In the course of a year she felt that the child had made great improvement, although there were still occasional spells of vomiting."

*Seham.* Page 268, L. 30 through Page 269, L. 6.

"Even a theoretically perfect diet may not work in practice because of the psychic attitude of the child toward special foods, or because of the circumstances that accompany the serving of the meal. Capricious appetite and food prejudices are often due to the unappetizing way in which the food is put before the child and the confusion which permeates the atmosphere. Furthermore, if parents are finicky about their foods, they will not succeed in enforcing good dietary habits in their children."

*Lucas.* Page 164, L. 9 through L. 13.

"Firmly but gently to teach a little child to eat what is given him as a matter of course is the first step at least in preventing the malnutrition or undernourishment that often results from bad eating habits."

*Fenton.* Page 259, L. 19 through L. 22.

"Dawdling and playing over meals should be discouraged from the first, as this may develop into a very trying habit. The tiny baby should take his feeding without interruption."

*Blanton.* Page 53, L. 11 through Page 54, L. 20.

"A child cannot possibly have perfect table manners before the beginning of adolescence. It is not likely that he will have perfect ones then. Few adults have perfect table manners, but the child up to the fifth or sixth year, is distinctly in the process of learning. It inhibits and actually retards learning processes to make unwise comments and criticisms of a performance. If a dancer or a public speaker is adversely criticised at an early stage, he may get what we call 'stage fright.' Many people suffer from something similar at the table. This is often demonstrated at a luncheon or dinner where elaborate equipment is used. Adults who know how to handle implements, who know the choice of forks and such details, make errors and awkward movements because they are suffering from what might be called 'table fright.' Children in the learning stage must inevitably suffer from this in a much more marked and pronounced way than adults.

Women who do their own housework often do not realize that it is actually more convenient to feed the children before the family sits down to the table. A small table for the children can be arranged in the kitchen, . . . the old red-checked table-cloths, which to the adult eye are somewhat offensive, are very attractive to children, as are the many gaily colored oilcloths.

When the presence of servants in the kitchen makes this plan undesirable, other arrangements are easily made—a side table in the dining room or breakfast alcove, or even a table in the child's own room. This latter scheme works especially well, because it reduces the opportunities for interruptions by adults.

The child's meal hour should not be looked on as an op-

portunity for a lesson in eating only. The mother should take this occasion to demonstrate to the child—by example, not by precept—some of the social graces requiring tact and skill. . . . When the father is at home, or at least during week ends, he can stay with the children in the nursery at this time in place of the mother. This gives the father and the children a chance to become better acquainted.”

*Thom.* Page 52, L. 7 through L. 17.

“In dealing with problems connected with the intake of food, we shall assume that where no mention is made of physical causes for the symptoms displayed, they have been eliminated by a careful physical examination and the necessary laboratory tests. The next step in determining the cause of Mary’s apparent lack of appetite, of Johnny’s stomach ache, or Tommy’s persistent vomiting, involves an investigation of all the circumstances associated with the beginning of these symptoms and an attempt to determine what purpose they are serving in the lives of these youngsters.”

*Emerson.* Page 78, L. 23 through L. 25.

“Where bad control has existed for some time, it may be necessary to separate a mother and child for a short period.”

*Thom.* Page 63, L. 25 through Page 65, L. 15.

“Janet, aged six years and nine months, was brought to the clinic by her mother because of persistent vomiting, which began about four weeks prior to the visit, and for enuresis, which had been almost continuous since birth. No attempt had ever been made to establish a routine that would break up this habit. . . . The mother, because of her pregnancy,



had been vomiting for the past few months, frequently in the presence of the child. How much was imitation and how much was stimulated by the physiological reaction of seeing another vomiting, it is difficult to say. However, as soon as the mother was instructed about the necessity of seeking privacy during these vomiting periods, and after it was explained to the child (although mentally deficient) how unnecessary it was if she persisted in throwing it up immediately, the problem seemed to be solved, for within two weeks the vomiting ceased completely."

*Emerson.* Page 77, L. 6 through L. 11.

"The right kind of punishment tends to do away with the necessity for its repetition, and the aim should be to make it easier for the child to do what is best for his health rather than to 'have his own way' and do himself harm."

*Cleveland.* Page 39, L. 10 through Page 41, L. 2.

"Marian, for instance, had acquired the habit of refusing food. Every time she was placed at the table she staged the same scene of defiance. Her mother tried coaxing, threatening, punishing, all in vain. Every meal ended with a regular battle, the child being finally whipped into submission. The first time she had dinner at the school she obviously assumed her war paint at the sight of food, and was as obviously disappointed when no war developed. The rejected dinner was quietly removed, and her mother was urged to see that she was given nothing until supper time, no matter how hungry she became. This simple treatment was at once successful. In less than a week Marian was eating regularly and contentedly at school, though at home she continued to

have relapses until grandmother could be prevailed upon to stop giving her cookies between meals. Of course, the school had the advantage of the conscious and unconscious influence of the group. It is an unusual child who can stand out against what all the other children accept as a matter of course. And the rebel is likely to be disciplined by her peers. 'Aren't you going to eat your dinner?' demanded little Virginia, who was serving Marian's table on one of the first days. 'If you don't eat your dinner I'll have to take it away,' and she bore the tray back to the serving table with an air of disapproval which drew angry tears from Marian. Virginia regarded her thoughtfully a moment and then proposed, 'If you eat your dinner I'll let you serve the dessert.' 'Can I pass all the dishes to the children?' asked Marian, brightening. And, being assured that she could indeed, she surrendered unconditionally and ate all her dinner. The new experience was more attractive than the accustomed row. The danger of allowing a row to become a regular event is of course the formation of the habit—the attitude of mind that can't get along without the row."

## QUESTIONS ABOUT EATING BEHAVIOR

If you have been disturbed over the lack of standards in eating behavior for your child, perhaps the incidents and quotations which you have been reading have made you better able to compare your young child with other young children.

There are a number of methods by which you can evaluate your child's behavior. You may make a general estimate of his total eating behavior by answering such questions as

Is his eating behavior desirable for the most part?

Were his desirable ways of eating easily learned from birth? Or, Were they learned with difficulty?

Were his undesirable ways of behaving at meal time learned from birth?

This general technic may give a general evaluation of a child's eating behavior. However, only through knowledge of specific behavior traits, both those which are desirable and those which are undesirable, can mother solve her problems. If she notes which traits in her child should be encouraged and which should be changed, she knows at least where to direct her efforts. Sometimes a mother who has stated in her general estimate that on the whole her child's eating behavior is undesirable, may find out through more careful observation that his desirable behavior traits far outnumber the undesirable. Some mothers have a tendency to magnify the traits which are undesirable or which annoy them.

Other mothers who have given a general estimate of desirable behavior may discover upon closer study many behavior traits which are undesirable. Such mothers, no doubt, have become so accustomed to these recurring undesirable behavior situations that they do not recognize the child's need for help.

To aid mother in a more careful study a classified list of questions is given about specific behavior rather than general behavior. It may well be that most of a child's difficulty arises in one aspect of the total situation as for example, in getting ready for the meal, and that meal time is usually serene and happy if he gets to the table without resistance. Getting him happily ready for the meal may greatly change his total behavior at the table. To the extent that specific questions can indicate points of success and failure for the child they may aid the adult in selecting more helpful guidance procedures.

For convenience therefore such headings are used as regularity, preparation, place, seating, tools, food, portions, etc. Under such headings specific questions have been grouped beginning with a leading question of more general meaning. For example, the leading question, "Does the child sit comfortably at the table?" is made more clear by the following specific questions:

"Well back in the chair?"

"Feet on the floor or foot rest?"

"Elbows level with the table?"

The leading questions occur in pairs, for example,

"Does he accept suitable food?"

"Does he refuse and resist food?"

Since such questions cannot well be answered by an arbitrary "Yes" or "No," the student may find it helpful to designate answers by writing

U for "Usually" if the child usually behaves that way,

S for "Sometimes" if he sometimes, but not usually, behaves that way,

N for "No" if he does not behave that way.

If a question does not apply leave it unanswered. For example, ignore the questions about bottle feeding if your child is a three-year old.

## QUESTIONS ABOUT THE CHILD'S BEHAVIOR

### REGULARITY

Does he—

Nurse or eat regularly according to an approved schedule?

Eat meals at irregular times?

Eat between meals?

### PREPARATION

Does he—

Get ready for the meal promptly? That is

Answer mother when she calls?

Leave his play?

Wash and go to the toilet?

Go to the table?

Make inadequate preparation for the meal? That is

Ignore the adult when she calls?

Leave his play unwillingly?

Come late?

Omit or hurry with toilet preparations?

Resist mother when she tries to help?

Refuse to come to the table?

### PLACE AND ARRANGEMENT

Does he—

Nurse or eat in the same place meal after meal?

Nurse or eat certain meals regularly in certain places; that is, breakfast in the kitchen, lunch in the dining-room, etc.?

Eat in different places?

## SEATING

Does he—

Sit comfortably at the table? That is

Well back in the chair?

Feet on the floor or foot rest?

Elbows level with the table?

Sit restlessly at the table? That is

On the edge of the chair?

Feet hanging?

Elbows below or above table?

## TOOLS

Does he—

Accept food in various ways? That is

From breast?

From bottle?

From spoon?

From cup?

From glass?

From bowl?

From plate?

With fork?

Accept food only in certain ways? That is

Milk only in a bottle when he should use a cup?

Food only from a spoon when he should use a fork?

Food only with a curved-handled spoon or fork?

Food only with a pusher?

## FOOD

Does he—

Accept suitable food? That is

Milk?

Fruit and vegetable juices?

Cod liver oil?

Semi-solid foods?

All solid foods?

Refuse or resist food? That is

Milk?

Fruit and vegetable juices?

Cod liver oil?

Semi-solid foods?

Certain solid foods?

## PORTIONS

Does he—

Eat all the food he is served? That is

Eat an optimum first serving according to a specialist?

Eat all of a second serving if he chooses one?

Eat very small servings of a new food?

Eat only a limited variety of food? That is

Eat some food and leave other foods?

Eat a second helping of some food and continue to leave the others?

Eat a little of all food and leave some of all food?

Dispose of all the food he is served, eating only part?

## EATING

Does he—

Eat at meal time? That is

*In beginning to feed himself does he proceed from the simpler to the more complex processes?—*

Place hands on the bottle, cup, spoon, etc.?

Move bottle, spoon, cup, etc., to his mouth?

Hold bottle, spoon, glass, cup, etc., without help?

Guide bottle, spoon, glass, cup, fork, etc., to his mouth?

Drink from bottle, spoon, cup?

Take one mouthful after another?

Chew steadily?

Swallow regularly?

Take little bites?

Eat with little or no spilling?

Eat all he is served? (Provided he is served suitable portions)

Eat as a matter of course?

Accept or ask for necessary help?

Talk some during the meal?

Eat suitable foods with apparent or expressed satisfaction?

*While he is learning does he—*

Try to feed himself oftener?

Continue to feed himself longer without direction?

Attempt more and more desirable ways of eating?

*When he has learned to feed himself does he—*

Eat efficiently and happily?

Eat as a matter of course?

Eat with little or occasional help?

Respond to meals in undesirable ways?

*Eat in undesirable ways?*

Gurgle?

Take big bites?

Hold food in the mouth?

Eat suitable food with apparent or expressed dissatisfaction?

Eat with apparent satisfaction adult foods which he should not have, such as pie, chocolate, coffee?

*Eat, but with undesirable help?*

Eat when given attention?

Eat when coaxed or urged?

Eat when scolded, threatened or punished?

Eat when offered a reward?

Eat to please an adult?

Eat only when fed?

*Behave in undesirable ways instead of eat?*

Ask over and over for unnecessary help?

Listen to conversation, radio, etc.?

Play with food, dishes, etc.?

Wiggle, and climb up and down from the table?

Talk or argue?

Ignore, refuse or resist necessary help?

Ignore or refuse food, by turning away, pushing the food away, spitting it out, vomiting, gurgling, etc.?

Cry, whine, kick, scream?

## STANDARDS

Does he—

Eat as well as children of his age and development should eat?

That is

A sufficient amount?

A sufficient variety?

At the right times?

In desirable ways?

Try to eat in ways suitable to older children or adults and too difficult for him?

Continue to perform only on a standard for children younger than he is?

## CORRECTION

Does he—

Accept correction, co-operate and improve?

Resent correction although he may or may not improve?

## ACCIDENTS

Does he—

Assist himself in case of accident? That is

Pick up a broken dish?

Wipe up milk spilled on the table?

Mop up milk spilled on the floor?

Leave the results of his accidents for others to clean up?

Expect to be scolded and sometimes cover up, deny, make excuses?

## PROGRESS

Does he—

Recognize and appreciate his own progress in these respects?

During the meal?

From day to day?

From time to time?

Show no recognition of his own progress?

## QUESTIONS ABOUT THE ADULT'S BEHAVIOR

Since what you do influences the child's learning you will need to discover just what you are doing. The following questions will help you do this. Read them and after the leading questions in each group, that is the first one, you may wish to write

U for "Usually" if you usually use that procedure,

S for "Sometimes" if you sometimes, but not usually, use that procedure,

N for "No" if you never use that procedure.

## REGULARITY

Do you

Consistently carry out a specialist's schedule? (Nutritionist or doctor)

Permit irregularities, such as the omission of orange juice, cod liver oil, vegetables, etc.?

## PREPARATION

Do you

Make adequate preparation for his regularity in eating? That is



Insure appetite by providing regularly sunlight, exercise, etc.?  
 Tell him once, "Time to get ready for dinner"? (If necessary  
 help him leave his play)

Give him adequate time to bring his play to a satisfactory close?

Allow sufficient time for washing without hurrying?

Tell him once, "Dinner is ready"? (If necessary help him come  
 to the table)

Have the meal ready on time?

Provide well cooked foods?

Serve attractively?

Make inadequate preparation which prevents regularity in eating?

That is

Provide irregularly for sunlight, exercise, etc.?

Call him when dinner is ready?

Call him many times to dinner? (Fail to help him come to din-  
 ner)

Allow too little time for washing?

Keep him waiting until the meal is ready to serve?

Serve poorly cooked food?

Serve unattractively?

## PLACE AND ARRANGEMENT

Do you

Serve in the same place, meal after meal? Or,

Serve certain meals regularly in different places; i.e., breakfast in  
 the kitchen, lunch in the dining-room, etc.?

Observe no regularity in this respect?

## SEATING

Do you

Provide for comfortable seating at the table? That is

A high chair with foot rest?

A juvenile chair with foot rest?

A low chair allowing his feet to rest on the floor?

A table level with his elbows?

Provide uncomfortable seating? That is

A chair without foot rest?

A stool without back support?

An adult chair with pillows or books?

A table higher or lower than his elbows?

## TOOLS

Do you

Provide suitable tools? That is

Bottle recommended by specialist?

Spoon and fork with straight handle?

Dishes with firm bases and not easily breakable?

Provide unsuitable tools? That is

Bottle disapproved by specialist?

Spoon, fork with curved handle?

A pusher?

Fragile and unsteady dishes?

## FOOD

Do you

Serve food recommended by a specialist?

Serve food without advice from a specialist?

## PORTIONS

Do you

Serve portions approved by a specialist? That is

*Introduction of new foods:*

Provide very small servings of new foods for example, a tea-spoonful?

*Gradual increase:*

Serve increasingly larger servings until the adequate portion for growth (approved by the specialist) has been reached?

*Balance:*

Keep the daily balance in familiar foods until the adjustment to new foods has been completely made?

*Portions in first serving:*

Provide adequate portions for the child's growth whether or not he will ask for more?

*Choice in second serving:*

After first serving of all foods has been eaten permit him to choose more of any or all the foods?

*Portions in second serving:*

Provide very small portions in the second serving to avoid too much food or too much of any one food?

Serve portions without knowledge of the recommendations of specialists? That is

*Introduction of new foods:*

Serve the same amount of new foods as of familiar foods?

*Portions in the first serving:*

Provide too small or too large first servings for his optimum growth?

*Choice of second serving:*

Permit choice by the child of additional serving in one food before all food of the first serving has been eaten?

*Arbitrary second serving:*

Insist upon serving some of all the foods or no second serving?

*Portions in second serving:*

Furnish large second serving?

## HELP WITH EATING

Do you help him relate his doing, his thinking and his feeling?

That is

*Guide his movements* so that he makes with your help the movements you later wish him to make without your help?

For example,

Place his hands on his bottle even though you support its weight?

Give him some liquid from a cup or spoon when he is taking most of his food from the breast or bottle?

Guide his hand with a spoonful of food to his mouth?

*Use the words* in directing him which he can later use to direct himself? For example,

Say "Hold it" as you place his hands on the bottle?

Say "Drink" as you give him liquid from cup or spoon?

Say "In mouth" as you guide his hand to his mouth?

*Approve him* for behavior you later wish him to do of his own accord? For example,

Say "That's right—hold it" and smile as he places his hands on the bottle?

Say "That's right—drink" and smile as he takes the liquid from cup or spoon?

Say "That's right—in mouth" and smile as he receives the food?

Or do you fail to help him relate his doing, thinking and feeling?

That is

Place his hands on his bottle without saying "Hold it"?

Say "Drink" without first helping him in holding the cup to his lips?

Say "You can't have your milk," in order to get him to take it?  
Laugh at his mistakes instead of approve his efforts?

Do you make your physical help, your verbal directions and your approval consistent? That is do you

Say "Drink milk" and assist him in tipping the bottle or glass?

Say "More" and guide his hand in getting more?

Say "Eat now" and help him carry the spoon to his mouth if necessary?

Say "Chew" and show him how to chew and if necessary help him move his jaws?

Say "Swallow it" and help him to swallow?

Say "Take little bites" and show him how to get a smaller bite?

Say "When you have finished all your food" and quietly wait for him to finish?

Or, do you make your physical help, your verbal directions and your approval inconsistent? That is, do you

Say "Drink milk" and permit him to leave it?

Say "More" and a little later repeat "More" and again and again without his taking more?

Say "Eat now" and permit him to get off his chair and perhaps run away?

Say "Chew" and laugh or scold when he does not know what you mean?

Say "Swallow it" and permit him to hold it in his mouth or spit it out?

Say "Take little bites" and permit him to take big bites, and perhaps laugh at him?

Say "When you have finished all your food" and serve him his dessert before he finishes?

Do you state your verbal directions effectively? That is, make them positive, definite, short and easy to understand?

"Eat now"

"Little bites"

"Eat now, then play"

"Chew"

"Eat, then talk"

"Swallow"

"Drink milk"

"Use a fork"

"In mouth"

"Another bite"

"Without spilling"

"Almost finished"

Or, do you state them ineffectively? That is, make them negative, vague, long, and hard to understand?

"Don't do that"

"Do this for mother"

"If you eat, we'll go riding"

"I don't like that"

"I told you to stop talking"

"Eat it up and find the picture on the plate"

"If you don't stop gurgling  
I'll punish you"

Do you set a good example? That is

Take food without comment?

Eat as a matter of course with moderate conversation?

Include the child in some conversation (if he eats with adults)?

Discuss suitable subjects which are wholesome for young children to hear?

Move and talk quietly?

Behave in a calm and relaxed manner?

Behave in a confident and encouraging manner?

Quietly use "good manners" which the child may gradually acquire?

Or, do you set a poor example? That is

Make comments about food?

Neglect eating to talk?

Exclude the child from all conversation?

Discuss unsuitable subjects, such as adult business, newspaper sensations, and the child?

Make much commotion as to serving and conversation?

Behave in a tense, hurried and overserious manner?

Behave in a nagging, reproachful or threatening manner?

Discuss "table manners?"

Do you give just enough help so that he can finish whatever he undertakes, provided his undertaking is suitable for him?

*When he begins to learn a new process:*

Guide his movements with your hand, say the most helpful words of direction, and approve every successful effort?

*While he is learning the process:*

Guide his movements less and less as you continue to use the helpful words and approve his successful movements?

Withdraw your guiding hand entirely and say the helpful words and approve his successful movements?

Withdraw also your helpful words of direction but continue to approve his successful movements?

Reduce gradually your approval?

*After he has learned the process:*

Give no physical help with your hand in guiding his movements, no verbal directions, and only casual or occasional approval?

Or, do you use too little help, too much help or the wrong kind of help?

Use the same kind and amount of help whether he has undertaken a process which is suitable for him or one that is unsuitable for him?

Use the same kind and amount of help whether he is starting a new process, well on his way toward learning it, or able to use it independently when he wishes?

Allow him to practise until he is fatigued or discouraged?

Interrupt him unnecessarily while he is still achieving?

## STANDARDS

Do you—

Maintain standards? That is

Serve sufficient amount of food?

Provide adequate variety?

Serve regularly?

Encourage him to learn only practices suitable for his age and development?

Continue with inadequate eating habits?

## CORRECTION

Do you—

Use helpful corrective procedures? That is

Smile in a way to win his co-operation when he is about to misbehave?

Select such helpful verbal procedures as, for example,

“Drink milk” when he gurgles his milk?

“Eat now” when he plays?

“Little bites” when he is taking a big bite?

Let him sit at the table until he eats?

Feed him in a firm but gentle manner if he needs it?

Use questionable corrective procedures? That is

Reprove him for misbehavior?

Impose such verbal procedures as, for example,

“Stop that” when he gurgles milk?

“Daddy won’t like you if you don’t stop playing,” when he plays?

“Eat nicely” when he is taking a big bite?

Threaten that he can’t leave the table until he eats?

Feed him in a hurried or an excited manner?

### ACCIDENTS

Do you—

Use helpful procedures in case of accident? That is

Provide a cloth, a child’s mop and pail in a convenient place?

Assist him quietly with the cleaning process?

Withdraw assistance as he becomes more able?

Give no help or assist him ungraciously? That is

Provide an adult pail and mop?

Clean up the results of his accidents?

Reproach him?

### PROGRESS

Do you—

Call his attention to his successes by overlooking for the most part his failures? (In this way gradually eliminate his failures.)

Overlook “bad manners,”

Nag about failures, awkwardness and “bad manners”? (In this way emphasize failure instead of success.)

You have thought through the questions and indicated what your child does and what you do in eating situations. You have no doubt discovered that what he does depends considerably upon what you do.

You can consider separately the guidance procedures and the child learnings but they are practised together. You can probably change any of his learnings if you select helpful guidance procedures. One reason it is so hard to select helpful guidance procedures is that the child is doing so many things at the same time. He may be fidgeting in his chair, eating his prune whip only when urged, and asking questions

about various things in the room. You may wish to change each of these learnings, and wonder what to change in your guidance. Shall you provide a more comfortable chair? Avoid egg whip desserts? Make the whips less eggy? Serve smaller portions? Ignore his questions? Direct him to "eat now—then talk"? Change your voice and manner in helping him?

Perhaps all the undesirable learnings will be improved when you change him from a stool to a more comfortable chair which provides a back rest, foot rest and easy reach to the table. On the other hand, with all that can be desired in a chair, he may continue to behave in the same ways. Similarly you may deal separately with the egg whip and change his behavior much or none at all. Again you may change your procedure with his questions with much or little effect. You may go on in this way from the more obvious to more and more subtle elements in guidance until you arrive at a solution of the difficulty.

As you read the incidents of eating behavior you have no doubt found that the children were learning many different kinds of behavior, some of which should be changed and others should be encouraged. In real life you deal with many learnings at once and you can understand each learning and perhaps change it only if you study it in connection with all that he and you are doing.

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# THE BEHAVIOR OF YOUNG CHILDREN

## UNIT TWO—SLEEPING BEHAVIOR

INCIDENTS

QUOTATIONS

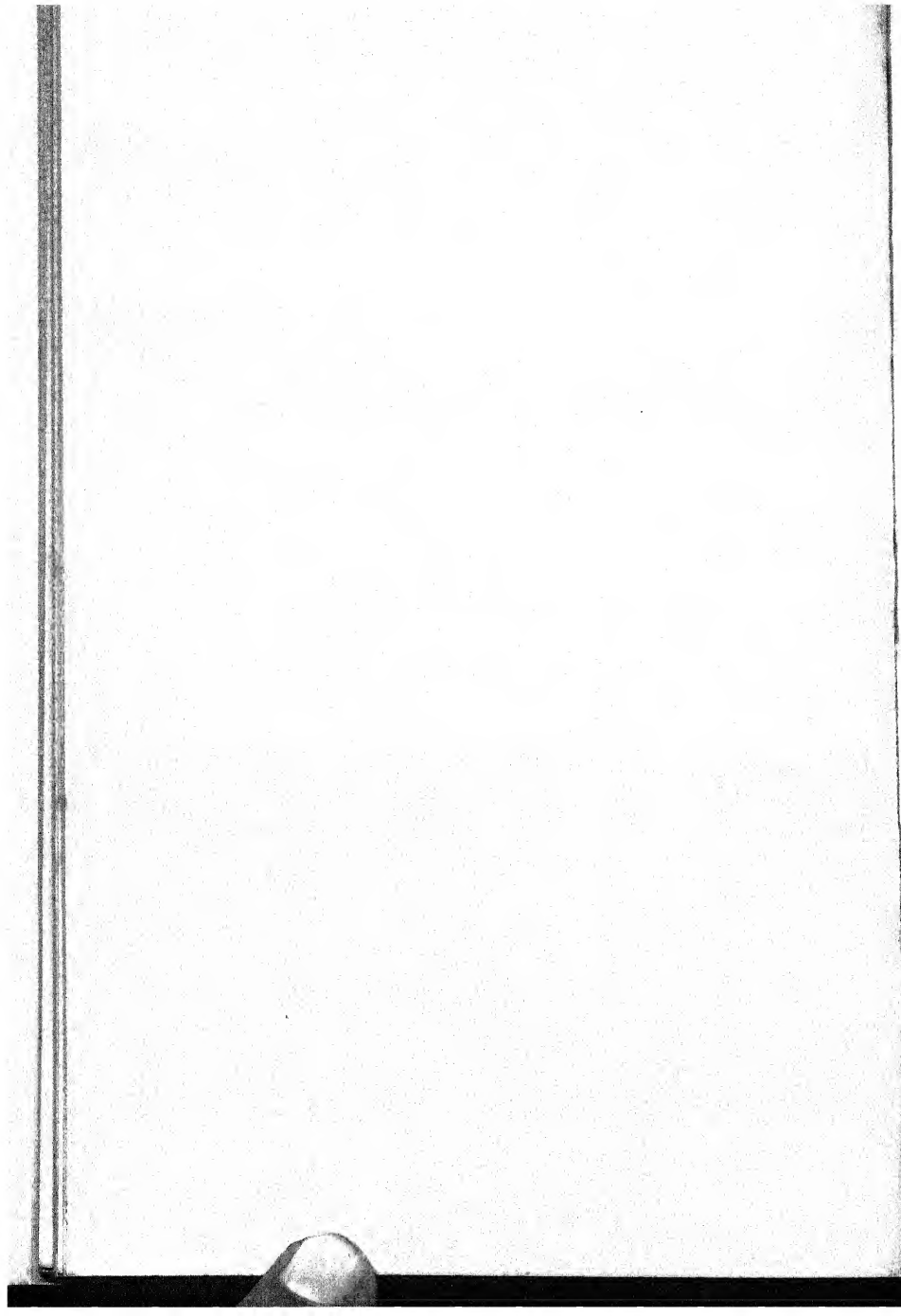
QUESTIONS

TO AID IN EVALUATING BEHAVIOR

WHAT IS THE CHILD LEARNING?

WHAT SHOULD HE BE LEARNING?

HOW CAN GUIDANCE PROMOTE HIS LEARNING?



## HOW TO STUDY BEHAVIOR

The incidents and quotations about eating behavior of young children have, it is hoped, suggested to the student both desirable and undesirable ways of behaving, many of which are familiar to him in the children of his acquaintance. The questions, no doubt, have facilitated more careful and complete observations than are customarily made. Out of even so limited a study certain fundamental appreciations emerge as to how learning takes place and how it is influenced by guidance, good, bad or indifferent.

One does not observe behavior long in this more or less directed way without realizing that a child learns what he is practising with satisfaction and meaning to him. The infant who is fed whenever he cries learns to cry for food because crying brings him such satisfactions as, for example, food, attention, and what not. On the other hand the infant who is fed according to a regular schedule learns to anticipate his food at these regular intervals and to get satisfaction in regular eating. Habits of regularity in eating, sleeping, and many phases of behavior are learned by young children only when opportunity for regular performances is provided by adults. To insure regular practice of desirable behavior is one of the most important responsibilities in good educational procedure.

Important as regularity in itself may be, however, no careful student would be so naïve as to consider it the only important element in a learning situation. For example, a mother who was very much impressed with the principle of regularity, conscientiously sent her three year old out to play every morning and was much disturbed to observe an un-

happy child standing around with apparently no desire to play. So long as this mother was limited in her guidance to a consideration of only one principle she failed to solve her problem. As soon as she discovered the value of such other principles as the selection of suitable equipment, the provision for adequate companionship, and the helpful supervision of activity, she solved her problem. Just so all behavior problems are solved not by adherence to any one principle in education but by wise use of several pertinent principles. No doubt the reader is already aware that these principles are implied in the incidents, quotations and questions about eating behavior. The subject-matter is centred around important principles which are acceptable in education and psychology and which underlie all learning, whether in school, out of school, during early years or during later years.

The importance of desirable early learnings and early guidance have only recently become of sufficient concern to educators to interest them in as careful investigations as have been undertaken in other fields. Unquestionably future research will rapidly furnish much more detailed evidence upon which to build better guidance for the young child. In the meantime, since there is fair agreement among educational psychologists as to the significance in the learning situation of such elements as time, place and arrangement, preparation, equipment, physical help, verbal help, and approval, one can profitably proceed to study along these lines.

In other words, until ample research has contributed more exact data, it is unquestionably sound procedure to consider all phases of behavior with reference to some such main points of reference. For this reason sleeping behavior is presented with the same points of reference as are used in

eating behavior. Likewise the use of these same points of reference in studying such other phases of behavior as, for example, dressing, washing and toilet, tend increasingly to direct and define one's notions about behavior and its development. The following unit deals with the sleeping behavior of young children.

### INCIDENTS ABOUT SLEEPING BEHAVIOR

1. One day when Charles' mother was unable to secure a woman to stay with Charles, she decided to give up her appointment rather than take Charles with her at the cost of his nap.

*Charles was learning to sleep regularly.*

Polly's mother was attending a course of lectures for three afternoons in the week, and could not find a woman to stay with Polly on the third day, so she omitted her nap and took her with her.

*Polly was learning to go without her nap.*

2. At two o'clock Mary Ann's mother wakened her gently from her nap, and as she helped her dress she said, "You had a good sleep. Now it's time for outdoors."

*Mary Ann was learning to sleep at a regular time, waken at a regular time, have outdoor activity at a regular time, and thus be ready for night sleep at a regular time.*

Richard had slept until half past four. At six his mother said, "It's your bedtime, Richard, but you slept so late this afternoon you aren't sleepy yet, are you?"—and she turned on the radio.

*Richard was learning to go to bed later than his usual time; and perhaps he was being over-stimulated by the radio.*

3. Ellen's mother, who had helped her put away her books in preparation for bed, said, "Now it is bedtime." Ellen began to take some blocks out of her cupboard, as she said, "Just build one more house, mother." Mother said, "Build in the morning; now it is bedtime." As Ellen took out one more block, mother placed her hand gently over hers and said, "I will help you." She began to put the blocks back in the cupboard and smiled. Ellen helped her and said, "Now it is bedtime" as she went to bed.

*Ellen was learning that "Now it is bedtime" means to conclude play and to prepare for bed.*

After Marjorie's mother said, "It will soon be bedtime," Marjorie got out more blocks and began rapidly building a fence around her house. When mother came in a few minutes later to say "Now it is bedtime," Marjorie objected, "But I have to finish my fence." Mother said, "Hurry up," as she let her finish her fence. When she had finished the fence, she hurriedly helped her put away her blocks and undress. She was half an hour late in getting to bed, and an hour late in getting to sleep.

*Marjorie was learning that the words, "It will soon be bedtime" mean to continue play, to hurry to get to bed, and then to get to sleep with difficulty.*

4. "As I said good night to Jean, she asked, 'May I make a jack-o'-lantern out of my pumpkin in the morning, and put a candle in it?' I merely said, 'Yes,' and she went on with, 'Can I light it to-morrow night?' Then I said, 'This is the time to sleep. Shall we talk about it in the morning?' She said, 'Yes,' and smiled as I said 'Good night.' "

Crystal's father reported, "After I said, 'It will soon be

bedtime,' Crystal crawled up into my lap and asked, 'What makes the lights, daddy?' I explained simply about electricity in the wires, and then said, 'Now it is bedtime, Crystal.' She persisted in asking questions about wiring, and I answered her all the time I was helping her get ready for bed. She continued to ask questions even when I told her good night fifteen minutes after her usual bedtime."

You will no doubt be able to recognize what Jean and Crystal were learning. You will find both more pleasure and profit in the incidents if you will analyse them for yourself. You may enjoy comparing your analysis with a brief suggestive analysis which is given on page 79. The more you analyse for yourself the more skilful you become in analyzing.

5. As usual, when Gardner started to bed, he called out cheerily, "Ready for bed," "Slippers off," "Climb in," "My bed, my bed."

Nancy began to whimper when it was time to go to bed. Her mother said, "Sleep in mummy's bed?" She immediately stopped whimpering and climbed into mother's bed.

6. Will's mother writes, "I placed a small box by Will's bed, encouraged him to climb in, and I observed that he climbed in promptly and seemed to enjoy it."

When June's mother came to lift her into bed, she found June had pulled out the lower dresser drawer and had taken out her clothes.

7. "One night as Betty climbed into bed, she reached down



for the covers and said, 'Pull up the covers' just as she had heard me say many nights as I had helped her."

"Cover me up," called Helen, as she climbed into bed. Mother covered her up without encouraging her to help.

8. "And now your other shoe," encouraged mother as Robert pulled off a shoe, "And now your stocking," continued mother, "And your other stocking," she went on, as Robert enjoyed each step.

"Last night, even though I told Barbara over and over to hurry," said Barbara's mother, "She would not hurry, and I finally had to undress her."

9. One night mother heard John coming down-stairs. She immediately and quietly went to him, took his hand as she turned him gently on the stairs and said, "Bed." She tucked him in bed, and said, "Good night." (She quietly observed him to make sure that he was all right.)

Because Dorothy did not go to sleep at night until her parents went to bed, she was allowed to stay in the living room until they retired between nine and ten o'clock. Her mother felt that she got enough sleep because of her long afternoon nap.

10. A month ago James was getting to sleep between seven and seven thirty o'clock even though his mother always put him to bed at six o'clock. Mother learned how to help him lie still and to relax, and now he is getting to sleep at six fifteen.

One night when the adults were playing bridge, one-year-old Marie woke up. Her father, who was unable to get her to sleep quickly, brought her down to the bridge table and held her on his knee, as he continued to play. When the baby cried, and interfered with father's game, he bounced her up and down and said, as everybody laughed, "When will you quit your night hawking around?"

11. When mother returned from a visit, she was surprised to find Edna very resistant in her routine behavior, and her response to adults. Since sleeping seemed very important mother decided to help on sleeping first. That night she took her hand and led her to bed. When Edna climbed in mother said, "That's right—in bed—have a good sleep." Then she leaned over, gently stroked her hair, and said very quietly, "Straighten out your legs." As Edna straightened out she said, "I can." Mother approved her again, and added, "And now your arms?" When she relaxed her arms, mother tucked in the covers, saying, "That's right, lie still, go to sleep."

When Bob returned from a visit with Auntie, mother reported, "He won't do a thing for himself, and it isn't that he can't, for he used to. I have been at him the livelong day, and finally I had to spank him before he'd go to sleep."

12. Mr. Brown was called home from the office on account of the illness of Mrs. Brown. As he and the children worked about the house and made ready for bed, Mr. Brown discovered that the children appeared to enjoy his companionship as they never had enjoyed his usual coming and going. As a result, Mr. and Mrs. Brown arranged to do an hour's

work together each evening in order that father might regularly spend some time with the children in the early evening and help them to bed.

A father who had no time to play with his children during the day woke them up when he came home in the evening to show them toys he had brought them. They played games and then went to the kitchen to have something to eat.

13. Because Bobby was enjoying the guest in the house and mother thought that it might be a little difficult for him to break away for bed, she accepted his suggestion, "Teddy bear go too." Mother, Bobby and Teddy Bear said "Good night" and went up-stairs together. When they came to the window seat in the up-stairs hall, mother said, "Here is a good place for Teddy." Bobby carefully seated Teddy in the corner of the window seat and then went on to bed. On his way down-stairs in the morning he took Teddy and put him with the other toys.

When mother called Betty to come to bed, she whined, "I don't want to." Mother said, "Teddy Bear is sleepy, poor bear, take him to bed." Betty readily accepted the suggestion, walked Teddy up each step, insisted that Teddy brush his teeth, wash his face, drink, go to the toilet, say his prayers, and climb into bed with her, tell her stories, and sing with her.

14. Three-year-old Donald wakened when he heard father quietly say, "Time to go to the toilet, Donald." He got out of bed, walked toward the dimly lighted bathroom, used the toilet and went back to bed and to sleep.

Every night before he went to bed, Marion's father lifted five-year-old Marion out of bed, carried her to the bathroom, and placed her on the toilet. She whined as she woke up and urinated. Her father carried her back to bed.

15. Madge had been waking her little sister in the morning. To-day when Madge woke up, mother whispered to her to "Get up and put on your bath robe and play in the warm playroom. Madge and mother quietly went into the playroom.

Mary wakened in the morning, got out of bed to get some toys, played until she became cold, and then snuggled in the covers, and handled her genitals.

16. Three-year-old Helen had been in the habit of sucking her thumb when she went to bed. At nap time mother said, "You keep your thumb out when you play. I will help you to go to sleep without your thumb to-day." She brought her sewing and sat near by. Each time Helen's thumb started toward her mouth, mother said gently, "Out," and Helen repeated "Out" as she removed her thumb. Although it took her half an hour longer to go to sleep, Helen went to sleep without sucking her thumb.

Paul's mother asked, "What shall I do? I have used all the bitters, adhesive, mittens, aluminum mittens, and I've even spanked Paul for sucking his thumb when he goes to bed."

17. Ann was a very active child and had difficulty in lying quietly long enough to go to sleep. Mother had helped her by

pinning her snugly into her blanket. Every time her mother put a pin in, Ann said confidently, "You'll be careful?" Mother replied very quietly, "Yes, I'll be careful," and smiled. One day mother said, "Can you lie still if I put in just one pin?" Ann said, "Yes, one pin." Ann lay still although the blanket would have limited her movements only slightly.

"Last night," mother said, "I gave Bobby a peppermint if he would go to sleep quickly. I don't usually do this, but he tossed about so much I thought he was excited and it would help him go to sleep. To-night as he undressed he said, "Can I have a peppermint to-night to help me go to sleep?"

18. When Edward was ill he wet the bed one night. He called his mother to tell her that he was wet. She brought a warm blanket, wrapped him in it and helped him to the warm bathroom as she said, "Mother is glad to help you." She put him into dry clothes and wrapped him in a warm blanket. She quickly took off the wet blanket, and tucked him, warm blanket and all, in a dry bed.

When Don returned to the nursery school after he had been absent with a cold, his mother reported that he had wet the bed every night while he had been sick. She said, "Of course I couldn't take him out of his warm bed in a cold room." So she left him to lie all night in a wet bed in the same cold room. When questioned about this procedure, she replied, "Well, at least his bed was warm." (Whether or not his wet bed remained warm is doubtful.)

19. One evening Frank's mother overheard him tell his father that he had taken his nap without being pinned in.

When four-year-old Charles wet the bed, his father said, "Shame on the baby, he wets his bed." Charles hung his head and then laughed.

20. John said, as he relaxed in bed, "Go to sleep."

Martin jumped out of bed and cried because it was dark. His eleven-year-old sister, who was putting him to bed, told him that the mice would bite off his toes if he did not stay in bed. He ran to bed, covered his head with the blanket, lay very still and finally went to sleep.

#### SUGGESTED ANALYSIS OF THE INCIDENTS

1. Charles was learning to sleep regularly.  
Polly was learning to go without her nap.
2. Mary Ann was learning to sleep at a regular time, waken at a regular time, have outdoor activity at a regular time, and be ready for night sleep at a regular time.  
Richard was learning to go to bed later than his usual time; and perhaps he was being over-stimulated by the radio.
3. Ellen was learning that "Now it is bedtime" means to conclude play and to prepare for bed.  
Marjorie was learning that the words, "It will soon be bedtime" mean to continue play, to hurry to get to bed, and then to get to sleep with difficulty.
4. Jean was learning to stop talking in order to go to sleep.  
Crystal was learning to delay bedtime by asking questions.
5. Gardner was learning to sleep in the same place regularly.  
Nancy was learning to sleep in different places, and to avoid the usual place by whining.
6. Will was learning to climb into his own bed.  
June was learning to wait to be lifted into bed, and to play while waiting.

7. Betty was learning to cover herself up and probably to keep covered.

Helen was learning to wait to be covered.

8. Robert was learning to undress himself promptly, that is, to take off one thing after another.

Barbara was learning to wait to be undressed.

9. John was learning that he was not admitted to the living room after bedtime. Also he was learning to accept help in going back to sleep when he awakened.

Dorothy was learning to avoid sleep at a legitimate hour, and to go to bed regularly at an unsuitable hour. She was also learning to sleep during daylight hours and to curtail outdoor activities which might induce earlier sleep. (In addition probably she was under some strain from the prolonged artificial stimulation of the lights and the night activities of the adults.)

10. James has been learning to go to sleep promptly and thereby to sleep his full quota of hours.

Marie was learning to sleep irregularly and to submit to adult convenience.

11. Edna was learning to take a position in which she could readily relax, to respond to mother's quieting help by lying still and going to sleep.

Bob was learning to go to sleep under difficulty (largely unnecessary) and probably to resent mother's efforts to correct him.

12. The Brown children were learning to share both play and routine activities with their father.

The other children were learning to waken up during the early part of the night, play boisterously, eat unsuitable foods. (They have many behavior problems such as bed wetting, quarrelling, biting, and resisting adults. No doubt some or all of these problems are traceable to these night orgies.)

13. Bobby was learning to break away from a happy family group to go to bed promptly.

Betty was learning to delay going to bed and to sleep by playing.

14. Donald was learning to waken at father's call, to walk to the toilet, to urinate and to walk back to bed, and promptly go to sleep.

Marion was learning to be carried to the toilet, to urinate in response to the toilet seat.

15. Madge was learning to get up without disturbing others, and to play in a suitable place until time to dress.

Mary was learning to waken early, to play in the cold and to masturbate.

16. Helen was learning to relax and go to sleep without her thumb.

Paul was learning to suck his fingers at bedtime, whenever he could get them; to make no effort (and apparently to have no desire) to take them out or to keep them out; and to struggle against each and every restraint mother put on him.

17. Ann was learning to lie still. What is more important, she was probably gaining confidence in her ability to lie still and go to sleep. Furthermore, she was, no doubt, gaining confidence in mother's wise help.

Bobby was learning to depend upon a peppermint to help him lie still and go to sleep.

18. Edward was learning to call mother when he wet the bed, even though he was ill. (Probably he was learning to appreciate mother's helpful attitude.)

Don was learning to urinate in bed and to lie in it.

19. Frank was learning to enjoy his own progress.

Charles was learning apparently to accept an unkind remark though he probably resented it and was losing confidence in himself.

20. John was learning to recognize and to describe his own ability.

Martin was learning to be afraid and probably to go to sleep when tired out. (He was given little opportunity to learn to relax normally.)



## QUOTATIONS ABOUT SLEEPING BEHAVIOR

You have by this time no doubt become familiar, through these incidents about children, with many more ways of behaving that you have observed in your own child. You may now be interested in the following opinions about sleeping behavior by various authors. You will find the same point of view expressed in the selected quotations as was implied in the incidents.

*Baker.* Page 74, L. 19 through L. 23.

"The child should go to sleep at a stated time, and get up at a regular time. If naps are necessary, as they always are for children of pre-school age, the child should have its nap at a definite hour each day."

*Blanton.* Page 76, L. 12.

"Do not vary the hour, do not omit the nap. . . ."

*Blanton.* Page 74, L. 31 through L. 33.

"Strictness in regard to the bedtime hour is important. No single variation should be allowed except on unavoidable occasions."

*Seham.* Page 276, L. 1 through L. 15.

"Night after night sleep fills the reserve tank of the human machine. . . . Sleep recharges the dulled brain, reloads the never resting heart and replenishes the tired muscles. What has been damaged and disintegrated during the active life of the waking hours is repaired and replaced. . . . In the bank of health and life, sleep and rest preserve the budget which daily activity threatens to deplete."

*Fenton.* Page 266, L. 6 through L. 10.

"Regular habits of sleep are often very difficult to establish, but no amount of effort is too great to bestow on this important matter. Babies who 'turn night into day' are all too common, and sometimes much patient effort is required to get them started on proper schedule."

*Thom.* Page 72, L. 23 through Page 73, L. 6.

"A well-regulated, routine life for a child is absolutely essential to his physical and mental welfare. Regular habits can be formed only if the child learns from experience that he is to do the same thing every day at the same hour. It is only after the habit has become well established that we can afford to deviate from our charted course. Even then it is with more or less danger that we introduce exceptions, for with each deviation from the routine come new interests and emotional satisfactions, which in themselves are the driving force for every new habit. Thus we form the habit of irregularity."

*Blanton.* Page 75, L. 9 through L. 19.

"The afternoon nap is a very necessary part of the child's schedule. A revolt against it nearly always occurs between the years of 3 and 6, and is to be expected. This break in the day's activities is, however, of great importance to the well being of all children, although not all require it to the same extent. The child with an exceptionally nervous temperament, the child with a speech defect, the child who sleeps fitfully at night, all these should be relieved of the tension of living for a short time during the day."

*Thom.* Page 73, L. 21 through L. 22.

"The hours for going to bed and arising, as well as for nap periods, should be firmly and unalterably fixed."

*Blanton.* Page 75, L. 26 through L. 27.

"The nap should end as well as begin at a certain hour."

*Baker.* Page 48, L. 21 through L. 27.

"The best time for the nap is in the afternoon, preferably soon after lunch. It should be arranged for sufficiently early so that there will be a definite period between the end of the nap and bedtime, otherwise it will be practically impossible to make the child go to sleep again."

*Seham.* Page 277, L. 2 through L. 4.

"Some children find relief after short periods of rest, others must have longer intervals to recuperate from the same amount of work."

*Roberts.* Page 114, L. 12 through L. 20.

"Yet the testimony of teachers and welfare workers is that large numbers of children in our country are regularly getting less sleep than their bodies need for normal development. The reasons for this are obvious. For the city child the sleep is cut at the evening end. The movie habit . . . the lights and distractions of crowded apartments—all contribute to a late bedtime. Even when no special reason exists, children stay up late because they wish to do so, and their parents let them have their way."

*Lucas.* Page 66, L. 30 through Page 67, L. 18.

"Sleep in the little child in the majority of cases is not a

matter of temperament or peculiarity. This is often given as our excuse for failing to train the child in proper sleeping habits. The complexity and rush of modern life are not only affecting the adult, but are reflected in the children. There is a minimum amount of sleep for physically fit children, and any less amount is dangerous for the active child.

#### Minimum Amount of Sleep for Children

|                           | Hours |
|---------------------------|-------|
| From 1 to 2 years . . . . | 13    |
| " 2 to 4 years . . . .    | 12    |
| " 4 to 6 years . . . .    | 11    |
| " 6 to 10 years . . . .   | 10    |
| " 10 to 14 years . . . .  | 9     |

Most normal active children take more sleep than that indicated, but owing to the great importance of sleep in the little child's life, the minimum amount is here stressed.

*Blanton.* Page 69, L. 5 through L. 12.

Quotes Seham—"Birth to 1 year, minimum 16 hours, maximum 22 hours."

|   |                  |
|---|------------------|
| 1 to 2 years . . . .                                  | minimum 16 hours |
| 2 to 3 years . . . .                                  | minimum 15 hours |
| (12 at night, 6 to 6, 1 hour in A.M. 2 hours in P.M.) |                  |
| 3 to 4 years . . . .                                  | minimum 14 hours |
| (12 at night, 2 hours in A.M. or P.M.)                |                  |
| 4 to 5 years . . . .                                  | minimum 13 hours |
| 5 to 6 years . . . .                                  | minimum 12 hours |
| (1 hour nap, if possible)                             |                  |

*Roberts.* Page 115, L. 26 through L. 40.

"Thus a lack of sleep tends to produce a nervous, irritable,

undernourished child. . . . A reasonable standard is as follows:—

| Age                        | Hours of Sleep<br>not less than | Bedtime not<br>later than |
|----------------------------|---------------------------------|---------------------------|
| 2 and 3 . . . . .          | 12½                             | 6:30                      |
| 4 and 5 . . . . .          | 12                              | 7:00                      |
| 6 and 7 . . . . .          | 11½                             | 7:00                      |
| 8 and 9 . . . . .          | 11                              | 8:00                      |
| 10 and 11 . . . . .        | 10½                             | 8:00                      |
| 12 and 13 . . . . .        | 10                              | 8:30                      |
| All through growing period | 9                               | 9:00                      |

*Cleveland.* Page 53, L. 14 through L. 17.

"The child under two should sleep at least thirteen hours at night: the child under four, twelve hours; the child under six, eleven.

*Walsh and Foote.* Page 111, L. 28 through Page 112, L. 20.

"The normal infant sleeps at first eighteen to twenty hours out of twenty-four, after he is two or three months old probably two hours less. The length of time he will sleep at night at four to six months of age will be about twelve hours, interrupted by one feeding. During the day the six month old babe will sleep from two to three hours both A.M. and P.M. At a year, one nap of two hours and another very short nap will usually suffice, and in the second year only one nap is taken."

*Seham.* Page 281, L. 9 through L. 13.

"Children in primary grades need a minimum of twelve hours of sleep; for each subsequent year half an hour is deducted."

*Terman.* Page 374, L. 18 through L. 27.

"The time lost . . . (by late retiring) cannot be fully made up in the morning because of the disturbance caused by the early rising parents, and because of the necessity of getting to school at a given hour."

". . . the hours set apart for the sleep . . . are not always those best adapted to insure a sufficient amount. Even the families who set a reasonably early hour . . . to retire, permit so many irregularities that . . . 'the law is more observed in the breach than in the performance.'"

*Roberts.* Page 115, L. 16 through L. 18.

"A continual shortage of sleep, whether cut from the evening or morning end of the day's quota, may adversely affect the nutrition of the child."

*Terman.* Page 372, L. 19 through L. 25.

". . . the wisest course is for us to make the conditions such that the child will sleep as many hours per day as he wants to sleep. We avoid either abbreviating or unduly prolonging the sleep beyond this standard. Liberal allowance should also be made for individual differences. . . . Insufficient sleep is a short cut not to success, but to chronic fatigue and all its evil consequences."

*Thom.* Page 79, L. 4 through L. 6.

"The healthy child should go to sleep within twenty or thirty minutes after going to bed, and should get up immediately after awaking."

*Blanton.* Page 76, L. 16 through L. 20.

"If the child is travelling or away from home, have him

lie down . . . as near the customary time as possible, cover his eyes with a dark handkerchief, and have him remain there during the usual period."

*Cleveland.* Page 51, L. 14 through L. 19.

"We do . . . take unjustifiable liberties with the regular nap time and early bedtime that sometimes interfere with adult projects. The inevitable result is that the child is overstimulated and sooner or later shows it in some unfavorable reaction of mind or body.

*Seham.* Page 278, L. 1 through L. 6.

"In imitation of their parents, children attend evening parities . . . theatres . . . movies at night. Apparently their parents do not realize that they themselves lay the seed for these adult tastes of their children. . . . Think of the small children and even babies in arms whom one sees in the audience at evening performances. Think of the countless nurslings and children who, half asleep, are jostled about at night in automobiles. Once the pernicious habit of keeping late hours has taken root, it can be broken only with great difficulty."

*Seham.* Page 279, L. 29 through L. 34.

"What benefit can a child derive by going to bed at seven o'clock, if the light is kept burning until the adults are ready to retire. In the latter case, it also happens frequently that the bread-earner arises before dawn; the light is switched on and the child awakens at that early hour."

*Seham.* Page 281, L. 22 through L. 26.

"First the child becomes tired because he does not go to

bed on time, and then, in his state of chronic exhaustion, he finds it difficult to fall asleep, thus reducing the hours of sleep still more."

*Blanton.* Page 75, L. 28 through Page 76, L. 7.

"One of the most common causes of the failure of the nap is irregularity, and the special dispensation to oblige either child or parent. . . . A second cause . . . is over-anxiety on the part of the parent and a feeling that . . . nap cannot be 'put over.' . . . A third cause . . . is the mistake . . . in talking about the failure in the child's presence."

*Blanton.* Page 74, L. 33 through Page 75, L. 8.

"A boy eight who had revolted against his bedtime hour heard his parents remark: 'He had gone to bed year in and year out at this same time, and yet for the last six months has done this peculiar thing.' The boy spoke at once and said, 'But *once* I didn't, you know; one night I didn't go to bed until nine or ten o'clock.' He had learned that variations of his bedtime hour were possible and knew that persistence was one way of winning what he wanted."

*Cameron.* Page 82, L. 7 through Page 83, L. 15.

"If she (nurse or mother) hurries him, catching him up in her arms from the midst of her unfinished pursuits, resistance and tears are almost sure to follow, and the difficult task of the day—the putting to bed—has made the worst possible start. . . . if the bugbear or negativism has appeared . . . if he has been scolded or coaxed or repressed too much, and there have been tears and struggle, then going to bed is a poor preparation for instant and quiet sleep. When this has



happened on one or two successive evenings, the habit of resistance to going to bed becomes fixed, and, like all bad habits, is difficult to break."

*Cameron.* Page 81, L. 14 through L. 20.

"If struggling and crying have occurred upon a series of nights, the child comes to associate his bed, not with sleep, but with tears. If a mother values her peace of mind, if she would spare herself the discomfort of hearing her child sob himself nightly into uneasy sleep, she must be wary of how this all-important event of going to bed is approached."

*Watson.* Page 118, L. 4 through L. 21.

"Then comes a half hour of quiet play. In many homes where more than one child is present, before bedtime is group romping time . . . poor preparation for quiet sleeping. I find that children when allowed to romp are loath to leave exciting play. They whine and bad discipline results. Sleep is delayed which leads to the children singing, talking to themselves, getting up and running about and calling. . . . The child, who after supper plays quietly with pencil, paper and crayons, clay or is read to, goes to bed with little protest, and drops into a restful sleep much more quickly. This is a good time to give the father his half hour. It keeps the children used to male society. Then, too, they have their chance to ply him with questions."

*Walsh and Foote.* Page 113, L. 31 through Page 114, L. 20.

"It is not necessarily a sign of neurosis when a two-year or three-year-old child, after a very pleasant and perhaps

boisterous session with mother, especially with father, is suddenly picked up and carried off to a dark and uninteresting bedroom, and then proceeds to cry at the top of his lungs. A certain amount of crying may occur at any time, and a definite habit of crying at this time. Crying may easily be established once it has started. . . . What, then, should supplant it? Possibly one method of controlling this crying impulse may be found in an attempt to prevent its cause. Too much excitement just before bedtime is never even allowable.

*Fenton.* Page 267, L. 33 through Page 268, L. 31.

"All this does not mean that the bedtime story hour and cuddling time must be foregone. Every baby should have a time sacredly reserved for cuddling, stories, and play with his parents, and the time just before going to bed is often most suitable and convenient for this. But the play and stories should precede putting to bed, and once they are over he should be laid in his bed and left to go to sleep alone. Play at this time should be quiet and easy, never boisterous and exciting. Busy fathers who are away all day are often prone to indulge in a wild romp with the baby at bedtime, since this is the only chance they have, and his delight and excitement are so charming to see. But over-strenuous play at bedtime tends to produce broken sleep and to impair nervous stability, and you can after all have just as delightful a time with the little one in a more quiet way."

*Thom.* Page 76, L. 14 through L. 23.

"A short period of absolute rest from any sort of physical activity or mental stimulation, just before the child goes to

bed, is of value in helping an active child to find sleep soon after retiring. Playing about until the last moment before retiring, or listening to some exciting story or the radio, is often the cause of many restless hours in bed. The thrilling story in the living room often becomes terrifying to the imaginative child once he finds himself in the quiet and dark of the bed chamber."

*Thom.* Page 74, L. 26 through Page 75, L. 3.

"The mother who complains that her child does not go to sleep, for hours after he goes to bed, will invariably tell you also of his demands upon her attention, a glass of water, the closing of a window, 'I want to go to the toilet,' 'I have something to tell you,' anything that will attract her notice. Often this attitude of the child toward the mother at night is quite in contrast to his bold adventurous spirit during the day."

*Emerson.* Page 87, L. 7 through L. 15.

"During the early years, discretion should be used in story telling at bedtime. At the age of four or five the imagination is especially active, and exciting stories often affect the child painfully, causing *fear* of the dark, of unusual sounds, of strangers. The child should go to bed happy and contented under conditions that assure warmth and comfort and with the distinct idea of going to sleep at once.

*Watson.* Page 119, L. 18 through Page 120, L. 17.

"The final look before turning out the light. Every mother should give faithful attention to bedtime régime. Before leaving the room see that everything you customarily allow the child is at hand—that he has had his drink of water, that

he was placed upon the toilet. . . . Take a last look at his clothes to see that everything is in order—that he is not too warm, that his hands are placed outside the cover (if he is not a thumb sucker, inside if he is) then a pat on the head, a quiet good night—lights out and door closed. If he howls, let him howl. A week of this régime will give you an orderly bedtime.”

*Blanton.* Page 73, L. 28 through Page 74, L. 14.

“It should not be necessary to tiptoe in order to keep a child asleep because, later, conditions will not arrange themselves for him in such a way; he cannot go through life finding sound-proof chambers with the correct ventilation and the correct outlook with which to court sleep. Those adults are happiest in the long run, who, through necessity or wise training on the part of their parents, have been made to adapt themselves to sleeping in any surroundings.

Children who require that the entire house be quiet in order that they may sleep should be put through a definite system of training. This training should have begun at birth. Eventually every one is certain to meet situations in which he must sleep with noises of various sorts, and no one is so at the mercy of his environment as the person who cannot tolerate the slightest rattle of a window or the banging of some screen door shutter in the neighborhood.

*Emerson.* Page 169, L. 16 through L. 19.

“Because so many hours are spent in sleep, it is important that the air in the room should be as fresh as that outdoors.”

*Emerson.* Page 200, L. 17 through L. 26.

“Frequently children will be found to sleep facing the

light, with beds against the wall in a dead air space and only one window open, which, moreover, may be away from the prevailing wind. Even that single window is often kept closed until the parents retire, which may be several hours after the children have gone to bed. Growing children need fresh air every hour of the twenty-four."

*Seham.* Page 279, L. 13 through L. 24.

"Crowded sleeping quarters, bad ventilation of the room are also often responsible for disturbance of sleep. We found quite frequently in poor families that as many as seven persons sleep in one room and that as many as five occupy one and the same bed. Indeed it is only a negligible number of children who do not have to share the bed with some other member of the family. Realizing that living conditions must adjust themselves to financial circumstances, one rather hesitates to offer the advice that not more than two children should sleep in one room, and that a bed should be provided for each child."

*Lucas.* Page 68, L. 3 through L. 10.

"There are important aids to good sound sleep for the children. Complete evacuation of the bowels every day and a clear nose and throat passage are essential. A quiet, dark sleeping room or porch, dark in the sense that no artificial light should be there, is conducive to rest. Many mothers object to the early bed hour especially during the hot weather when the process of darkening the room often shuts out much of the air, and this is the reason for a late bed hour for many little children. Sleep is not dependent upon darkness, if the little child is trained, as the afternoon nap of the run-about child shows."

*Lucas.* Page 68, L. 15 through L. 19.

"The problem of sleep is solved by training the sleeping habits of little children—quiet, bodily comfort, fresh bed to himself, proper coverings and the question of whether it is light or dark is quite secondary."

*Thom.* Page 78, L. 28, through Page 79, L. 2.

"There are, however, a few important factors to be considered. The child should always sleep alone after the second year, whenever possible. He should never sleep with adults, nor in the same room. Conditions often exist where it is necessary for two children to sleep together during pre-school years.

*Lucas.* Page 67, L. 24 through Page 68, L. 2.

"Sleep in a well-ventilated room, or better still, on a sheltered sleeping porch in a comfortable bed with warm, light coverings or sleeping bags is as essential to growth and health as food.

*Terman.* Page 375, L. 15 through L. 22.

"Temperatures much above 60° are unfavorable both to quantity and quality of sleep; hence children sleep more in the winter than in the summer. The late sunrise of winter mornings exerts an influence in the same direction. Humidity and atmospheric pressure are other factors, though exact effects have not yet been determined."

*Cleveland.* Page 49, L. 11 through L. 12.

"Every child should have a bed to himself and, if possible, a room to himself."

*Blanton.* Page 118, L. 19 through L. 26.

"The nursery should contain a bed with sides, one that has box springs or heavy springs, and a good heavy mattress. Very many children are put to sleep on beds that no adult would consider occupying. A thin pad on top of faulty springs is not a suitable place for a child to rest. The windows should be protected by a heavy screen. These screens should not push out from the inside of the room, for the child should be able to lean against them with safety."

*Watson.* Page 120, L. 7 through L. 9.

"His bed should be low enough for him to get in and out of easily from the time he was 2 years old."

*Terman.* Page 375, L. 22 through L. 24.

"Some children sleep poorly for lack of a bed or from insufficient protection from cold."

*Emerson.* Page 130, L. 19 through L. 24.

"Extra care should be taken in winter, especially when the child sleeps in the open. Blankets or newspapers should be put under the mattress, because, if there is insufficient protection from below, no amount of covering will keep the child warm."

*Cameron.* Page 85, L. 33 through Page 86, L. 2.

"A hard mattress should be chosen without a bolster, and with only a low pillow."

*Baker.* Page 49, L. 11 through L. 15.

"It is well to accustom the child to sleeping on a fairly firm

bed. Pillows may or may not be provided, but if they are, they should be thin and firm."

*Baker.* Page 49, L. 18 through L. 24.

"The child should be put to bed in loose, comfortable night clothing. The bed clothing should be warm enough, but without much weight. It should be placed loosely over the child, and may be pinned on either side with large safety pins which are made for the purpose."

*Cameron.* Page 69, L. 4 through L. 18.

"The temperature of the room should be cool, and the air from the open window should circulate freely, while draughts may be kept from striking the child by a screen. All the sensations of the nervous child are abnormally acute. Thus, for example, an itching eruption, or tight clothing, will produce an altogether disproportionate reaction, and may result in a frenzy of opposition. Especially such a child is sensitive to a stuffy atmosphere or to an excess of bedclothes. Cool rooms and warm light and porous clothing are essential. An electric torch, which can be flashed on the child in an instant, will assist the mother or nurse to make sure that the child has not thrown off all the bedclothing."

*Seham.* Page 279, L. 11 through L. 15.

"Quiet and serenity of environment are absolutely necessary for a child to fall asleep readily. Crowded sleeping quarters, bad ventilation of the room are also often responsible for disturbance of sleep."

*Seham.* Page 280, L. 1 through L. 6.

"Careful ventilation of the room, sanitary bedding and



quilting are also necessary to insure sound sleep. Windows shut tight at night are often the cause of headaches and nightmares. Improper food, especially if eaten shortly before going to bed, also robs many a child of his needed sleep."

*Emerson.* Page 168, L. 3 through L. 22.

"Should a child be made to lie down when he cannot sleep?

"The child who does not fall asleep naturally after several hours of activity is probably suffering from nervous overstimulation as a result of fatigue. This is an indication that he has special need of rest. There may be cause of his failure to sleep in the conditions of the room as to light, heat, or noise. Frequently the wakefulness is due to the mistaken notion that he will go to sleep more quickly if he is allowed to take toys and books to bed with him. He should be taught to lie quietly for a short period, and then gradually lengthen the time. Rest does not necessarily mean sleep, but when a child has once learned to rest quietly he usually drops off to sleep. It is valuable training to acquire in early life the habit of being able to turn the tide of fatigue during the day by a few minutes of thorough rest."

*Blanton.* Page 73, L. 5 through L. 16.

"People differ very greatly in their sleeping capacity and type. Some sleep lightly, some soundly; some are easily aroused but get back to sleep quickly, while others, when aroused, remain awake. Many of these differences may be due to the structure and type of the nervous system, but much also is due to training. It is, indeed, most unfortunate that the technique of sleeping is not in general more seriously considered. Every effort should be made to attain the proper

type of sleep for the child. For instance, it is often better to endure poor sleep for a while until the child has become accustomed to some change in routine or surroundings, than to attempt to change the surroundings."

*Blanton.* Page 73, L. 16 through L. 25.

"A certain child five years of age was said to be an excellent sleeper. This proved to be true if she had her own accustomed mattress and springs, her own pillow, a certain cover which she pulled partly over her face, a certain 'teddy-bear' which she held, a light burning in the room and her mother at the side of her bed. It would certainly have been to the advantage of this child to have elements changed one by one until she had become accustomed to sleeping in unfamiliar surroundings, even though for a while her sleep was poor."

*Walsh and Foote.* Page 112, L. 22 through L. 28.

"In the nursing care of this type of infant, it must be remembered that the child should on no account be stimulated by talk, or play, or unnecessary taking up or 'showing off' to relations or visitors. He should sleep in a very quiet, well-ventilated and rather dark room when such a place is available."

*Walsh and Foote.* Page 111, L. 15 through L. 21.

"The lack of sleep and the more or less constant noise of the infant are weapons that frequently drive parents to seek the path of least resistance in attempting to obtain even a brief space of silence. Walking the floor, giving a pacifier, feeding large quantities of water, any or all of these expedients may be employed to borrow silence at usurious rates."

*Watson.* Page 119, L. 1 through L. 20.

"Should children take toys to bed?"

"Should children be allowed to take anything to bed with them?" ask many mothers. It is a sloppy habit and one easy to get into, yet very hard to break.

"Of course, no serious harm is done the child if it is allowed to go to bed with one or two toys. Indeed there is one argument often urged in its favor. If the child doesn't go to sleep at once it has something to play with and, since it wakes up in the morning before it is allowed to get up, it again has something to play with. It is, therefore, less tempted to explore its own body. But it often happens when this is allowed that the habit is carried on long beyond the time when such infant behavior should be abandoned. Often such habits are carried over into adult life."

*Thom.* Page 74, L. 20 through L. 26.

"The child should have the idea firmly fixed in his mind that the sleeping period is the time when he must be alone, that companionship and distraction, such as books and games, are not compatible with sleep, and these things cannot be gained by wailing."

*Blanton.* Page 73, L. 26 through L. 28.

"Sleeping habits built up in childhood influence the sleep of the adult; therefore, the lessons involved are not for a single night but for a lifetime."

*Blanton.* Page 69, L. 14 through L. 22.

"Sleep is very much affected by experience, by training, by the amount of excitement as well as the amount of exercise

and the general state of well being, or by emotional attitudes such as boredom, discontent, or unhappiness. Sleep is also modified by the age of the individual, possibly by the sex, certainly by the state of metabolism and general fatigue, by the nutritional state, by the occupation, physical and mental, and to a great extent by the daytime activities and necessities."

*Emerson.* Page 168, L. 23 through Page 169, L. 9.

"Does a child get really 'good sleep' in the daytime? How much sleep is necessary?

"The number of hours a child may sleep to advantage varies within what may be called a zone of safety. Long hours of sleep will not necessarily prevent overfatigue. A child may sleep 14 hours a day, and yet suffer from too great or too continuous mental or physical activity during the other 10 hours. Overfatigue is best prevented by the use of rest periods during the day, which provide a new supply of energy before the child has gone beyond the limit of his strength."

*Cameron.* Page 85, L. 24 through L. 31.

"The placid child . . . as a rule sleeps so soundly that no ordinary sounds . . . have the power to awaken him. The nervous child may move at the slightest sound, or with a start or cry is awake at once."

*Seham.* Page 279, L. 24 through L. 27.

"However, one can justly demand that the parent see to it that the child asleep is not awakened by his older brothers or sisters who go to bed at a later hour."

*Seham.* Page 278, L. 18 through L. 21.

"Jimmy, while his mother was worrying about his health, had been listening to midnight concerts for six months without his mother ever suspecting it." [A concert hall was near by.]

*Cameron.* Page 86, L. 19 through L. 28.

"Sometimes want of sleep is accounted for by a want of physical exercise: . . . for his proper development . . . he should have opportunities of daily exercise in the open."

*Roberts.* Page 114, L. 21 through L. 30.

"Some children, according to their mothers, go to bed on time but do not sleep; they 'thrash around' for hours before 'giving up.' To the mothers this is an argument that the child does not need the sleep. More than likely, however, it means that he is too tired or too excited, or that sleeping conditions are not what they should be. A healthy tiredness conduces to early and sound sleep, while overfatigue keeps the child awake. Often a midday rest, a restriction of the child's activities during the day, and a quiet, unexciting hour preceding the bedtime will make such a child go to sleep earlier instead of later, thus proving that it is more rather than less sleep which he needs."

*Terman.* Page 375, L. 25 through Page 376, L. 3.

"Improper diet is one of the most important . . . (internal conditions influencing sleep). The child's sleep may be disturbed by excess of starchy foods, unsuitable cooking, etc. The late dinner, following an inadequate breakfast and cold unsatisfying noonday meal, favors engorgement of the stomach, and is, therefore, unfavorable to sleep."

*Thom.* Page 79, L. 30 through Page 80, L. 1.

"Indiscretion in diet, too many bed clothes, poor ventilation, are all factors worthy of consideration as predisposing causes for insomnia."

*Terman.* Page 377, L. 1 through L. 13.

"Often common causes of disturbed sleep are obstructed breathing, eye-strain, dentition, earache, toothache, etc."

*Terman.* Page 375, L. 9 through L. 13.

". . . the child who is . . . tormented (with vermin) cannot secure normal sleep. Other parasitic diseases, such as scabies ("Itch"), ringworm, and intestinal worms, should be mentioned in this connection."

*Terman.* Page 376, L. 23 through L. 25.

"The nervous child is notoriously a bad sleeper. Such a child is likely to be obsessed by fears, . . . tormented . . . by pangs of conscience, excited by overactive intelligence, or worried by trivial happenings. . . ."

*Cameron.* Page 84, L. 8 through L. 14.

"Children who fall a prey to this uncontrolled crying, cry on because they cannot stop when they have begun. They do not then cry purposely or with a fixed intention, desiring to attain some object."

*Lucas.* Page 68, L. 20 through L. 24.

"Often children will not go to sleep because of overfatigue. It is not then a question of 'Too early to put him to bed,' but he is too tired, and a restlessness which is an early symptom of overfatigue keeps him awake."

*Thom.* Page 79, L. 20 through L. 26.

"The child may have evidence of either physical or mental unrest during the sleeping hours, and often both occur together. Tossing and turning, grinding the teeth, sucking the lips, walking and talking during sleep are all signs that the child is not getting adequate rest."

*Emerson.* Page 169, L. 23 through L. 28.

"What does it mean when a child grinds his teeth in sleep?

"This may be a sign of worms, adenoid or tonsil infection, indigestion, overfatigue, or nervous disturbance. Whenever it is noticed, the cause should be sought and removed."

*Blanton.* Page 70, L. 21 through L. 27.

"Children have the same sleeping difficulties that adults have. They have difficulty in getting to sleep; they have difficulty in staying asleep, and they have difficulty in sleeping well. In the case of the child, just as in that of an adult, the nervous tension of the day is a big factor in the inability to get to sleep. The night is more important as an index to the past day than as an introduction to to-morrow."

*Blanton.* Page 71, L. 17 through L. 25.

"The big factors in poor sleep are past experiences of an undesirable nature. Parents say to their children, half in jest, 'You seem not to want to go to bed. I believe you are afraid that you will miss something.' This remark, made as an amusing comment, is often in reality the truth. The child, from past experience of seeing interesting things at night, does literally refuse to go to bed and to sleep because he may miss something. He may merely wish to be in the general living-room. . . ."

*Seham.* Page 142, L. 14 through L. 28.

"Constant nagging on the part of the parents, charged tensions in the home, noise and excitement lasting way into the night have, in his pre-school life, broken the emotional backbone of many a child. Eager to make their children successful, some mothers start in infancy to 'cram' them and show them off. It is surprising how many parents follow their own likes and dislikes in 'entertaining' their children. One parent will take his baby, thirteen months old, on a two hundred mile auto trip so that he may visit his three year old cousin. Another celebrates the second birthday of her daughter by giving a party to which several little children are invited, one of the guests being fully nine months old."

*Thom.* Page 76, L. 24 through Page 77, L. 12.

"Children often experience much anxiety from being deceived about their parents' going out after they have gone to bed. It is sometimes thought to be a matter of kindness to the child to give him the assurance that mother and father will be right in the next room and to do no harm to slip away after the child has gone to sleep. This type of deception not only has all the disadvantages that deceptions in general have, but it may also be an important factor in developing sleepless nights for the child for years to come.

If it is necessary for the parents to leave the house after the child has gone to bed, it is much wiser to tell him honestly that this is to happen. It may be a bit more difficult for the parents the first time, but in the long run it will be easier for all concerned.

Most children at some time or other during early life have the fear of being deserted through their parents' going off



and leaving them alone and not coming back, or of being given away, and such deceptions accentuate this type of fear."

*Fenton.* Page 267, L. 22 through L. 32.

"But he must simply be left to scream, once you have made sure that he is safe and comfortable. Crying will not hurt him; the old superstition that it may cause rupture, if the baby is physically sound, is quite unfounded, and this is the only way that he will learn. One should make every effort to keep the routine established in the first few weeks unbroken, but when it is necessarily disrupted by a spell of illness or a journey or some other out-of-the-ordinary circumstances, it must be promptly and unwaveringly reinstated at the first possible time."

*Fenton.* Page 266, L. 10 through L. 24.

"The little sleeper must, cruel though it may seem, be kept awake long enough in the daylight hours so that he will be tired and sleepy when night comes, and then he must simply be left to cry it out! No baby should require rocking to sleep; it is much better for his own health, also for the training of future habits of sound sleep, for him to get quietly to sleep alone, in his own bed in a dark room. This is also, incidentally, much better for the general peace of the family. It is very hard for a young mother to let her baby scream uncomforted. It is so much easier at the time to take him up and cuddle him cozily to sleep, but this procedure is productive of much trouble in the long run, and may have ill effects on the baby in the way of restlessness and nervous inability to sleep that last far beyond babyhood."

*Cleveland.* Page 52, L. 4 through L. 23.

"He insisted on getting up, no matter what was done to

him. He had been coaxed, reasoned with, spanked, and still refused to rest in peace. Ruthless investigation revealed that he had *occasionally* been allowed to stay up and *occasionally* taken into mother's bed. It was pointed out that it was in his occasional victories that the trouble lay. Of course, he would take a chance. The only way to settle the matter was to stop coaxing, reasoning, and spanking, and simply put him back every time he got up. His mother objected that that would keep her up all night. It was pointed out that she could rest the next day, that it would probably not take more than three or four nights with shorter intervals of activity, that the fault was hers in the first place and that this was the only way to correct it. In a day or two she reported, 'I'm ashamed to tell you how easy it was.'

### QUESTIONS ABOUT SLEEPING BEHAVIOR

If you have been disturbed over the lack of standards in sleeping behavior for your child, perhaps the incidents and quotations which you have been reading have made you better able to compare your young child with other young children.

There are a number of methods by which you can evaluate your child's behavior. You may make a general estimate of his total sleeping behavior by answering such questions as

Is his sleeping behavior desirable for the most part?

Were his desirable ways of sleeping easily learned from birth? Or, Were they learned with difficulty?

Were his undesirable ways of behaving at bedtime learned from birth?

This general technic may give a general evaluation of a child's sleeping behavior. However, only through knowledge of specific behavior traits, both those which are desirable and those which are undesirable, can mother solve her problems. If she notes which traits in her child should be encouraged and which should be changed, she knows at least where to direct her efforts. Sometimes

a mother who has stated in her general estimate that on the whole her child's sleeping behavior is undesirable, may find out through more careful observation that his desirable behavior traits far outnumber the undesirable. Some mothers have a tendency to magnify the traits which are undesirable or which annoy them.

Other mothers who have given general estimates of desirable behavior may discover upon closer study many behavior traits which are undesirable. Such mothers, no doubt, have become so accustomed to these recurring undesirable behavior situations that they do not recognize the child's need for help.

To aid mothers in a more careful study a classified list of questions is given about specific behavior rather than general behavior. It may well be that most of a child's difficulty arises in one aspect of the total situation as for example, in getting ready for bed, and that he usually goes promptly, quietly, and happily to sleep if he gets to bed without resistance. Getting him happily ready for bed may greatly change his total behavior. To the extent that specific questions can indicate points of success and failure for the child they may aid the adult in selecting more helpful guidance procedures.

For convenience therefore such headings are used as regularity, preparation, place, room, bed, etc. Under such headings specific questions have been grouped beginning with a leading question of more general meaning. For example, the leading question, "Does he get ready for bed promptly?" is made more clear by the following specific questions:

"Answer mother when she calls?"

"Put away his playthings?"

"Undress himself?"

"Go to the toilet, etc.?"

The leading questions occur in pairs, for example,

"Does he get ready for bed promptly?"

"Does he take a long time to get ready for bed?"

Since such questions cannot well be answered by an arbitrary "Yes" or "No," the student may find it helpful to designate answers by writing

U for "Usually" if the child usually behaves that way,

S for "Sometimes" if he sometimes, but not usually, behaves that way,

N for "No" if he does not behave that way.

If a question does not apply, leave it unanswered.

## QUESTIONS ABOUT THE CHILD'S BEHAVIOR

## REGULARITY

Does he—

Sleep according to a specialist's schedule? That is

Wake up regularly?

Begin his nap at a regular time?

End his nap at a regular time?

Sleep at irregular times?

## PREPARATION

Does he—

Get ready for bed promptly? That is

Answer mother when she calls?

Put away his playthings (or help)?

Undress himself (or help)?

Go to the toilet?

Get a handkerchief, if it is customary?

Get a drink, if it is customary?

Say "Good night"?

Move steadily from one step to another in all preparations for bed?

Make his preparations quietly and happily?

Take a long time to go to bed? That is

Ignore the adult when she calls?

Leave his play unwillingly?

Lose time by playing, arguing, whining, crying, talking, running away, kicking, etc?

Demand unnecessary help from mother?

Resist mother when she tries to help?

Take a toy, a blanket, a pacifier, etc., to bed?

Make his preparation boisterously?

Make his preparation unwillingly?

## PLACE

Does he—

Sleep in the same place?

Take his nap in one place, his night sleep in another?

Sleep in different places?

## ROOM

Does he—

Sleep in a room alone?  
Sleep in a room with others?

### BED

Does he—  
Respond in desirable ways to the bed? That is  
Climb in?  
Stretch out?  
Turn over?  
Respond in undesirable ways to the bed? That is  
Wait to be lifted in and out of bed?  
Lie in cramped position?  
Fall out or be afraid of falling?

### EQUIPMENT

Does he—  
Use comfortable equipment? That is  
Pull up his own covers?  
Keep the covers on all night?  
Sleep with a small pillow or none at all?  
Use unsuitable equipment? That is  
Wait to be covered?  
Throw off too heavy covers?  
Sleep with a large pillow?

### GARMENTS

Does he—  
Respond to suitable garments? That is  
Pull on his garments?  
Fasten them?  
Sleep comfortably in them?  
Respond to unsuitable garments? That is  
Wait to be dressed for bed?  
Sleep more or less restlessly?

### SLEEPING

Does he—  
Go to bed to sleep? That is  
Relax?  
Lie still?  
Go to sleep?  
Sleep quietly throughout the night or the nap?

- Call the adult if he needs to go to the toilet during the night?
- Go to the toilet alone?
- Go back to sleep promptly?
- Waken happily?
- Call the adult upon waking?
- Get up and play where it is warm?
- Go to bed for other activities than sleeping? That is
  - Play in bed?
  - Ask questions?
  - Talk or sing?
  - Ask for something, that is, a drink, handkerchief, a story, toilet?
  - Suck thumb, finger, blanket, pacifier, toy?
  - Handle genitals?
  - Go to sleep only when given a toy, blanket, etc?
  - Go to sleep only when an adult lies down with him?
  - Thrash around?
  - Go to sleep only when the light is left on?
  - Get out of bed and play around the room?
  - Go to the living-room?
  - Cry when dropping off to sleep?
  - Cry during sleep?
  - Cry out when he is wakened for the toilet?
  - Wet the bed?
  - Waken at different times in the night?
  - Waken in an ill temper?
  - Waken other children when he is awake?
  - Lie quietly, but suck thumb, pacifier, blanket, etc., on waking?
  - Lie quietly, but handle genitals?

## STANDARDS

Does he—

Sleep adequately? That is

As many hours as he should sleep?

During the hours recommended?

Restfully?

Sleep inadequately? That is

Too few hours?

Irregularly?

Restlessly?

## CORRECTION

Does he—

Work with mother to correct his mistakes?

Resent correction although he may or may not improve?

### ACCIDENT

Does he—

Assist himself in case of accident? That is

Call mother when he wets the bed?

Change his clothes or help mother?

Wait to be helped? That is

Lie until mother discovers he is wet?

Depend upon mother to change him?

Climb into mother's bed?

Expect to be scolded? That is

Call mother with anxiety?

Cry as mother assists him?

### PROGRESS

Does he—

Recognize and appreciate his own progress in these respects?

That is

From day to day?

From night to night?

From time to time?

Show no recognition or interest in his progress?

### QUESTIONS ABOUT THE ADULTS' BEHAVIOR

Since what you do influences your child's learning, you will need to discover just what you are doing. The following questions will help you do this. Read them and after the leading question in each group, that is the first one, you may wish to write

U for "Usually" if you use that procedure,

S for "Sometimes" if you sometimes, but not usually, use that procedure,

N for "No," if you never use that procedure.

### REGULARITY

Do you—

Carry out a sleeping schedule approved by a specialist? That is

Put him to bed at a regular hour every night?

Get him up at a regular hour each morning?

Put him down for his nap at a regular hour?

- Get him up at a regular hour from his nap?
- Waken him, if necessary, in order to insure regularity?
- Permit him to sleep and waken at irregular hours? That is
- Put him to bed at mother's convenience?
- Put him to bed when he "wants to go"?
- Permit him to sleep later than his schedule time for waking?

## PREPARATION

Do you—

- Make *adequate* preparation for sleeping? That is
- Insure promptness in going to sleep, by providing wholesome daytime activity with an optimum of sunlight and fresh air?
- Provide quiet play between supper and bed?
- Warn him, "It will soon be bedtime"?
- Then give him time and encouragement to conclude his play?
- Tell him a story, sing or talk, as may be customary?
- Tell him once, "Now it is bedtime"?
- Proceed with preparation for bed immediately after saying, "Now it is bedtime"?
- Help him bid the family "Good night"?
- Undress him promptly?
- Allow sufficient time for prompt but unhurried undressing and toilet?
- Encourage him to take off such garments as he is capable of taking off?
- Encourage him to take off one garment after another?
- Provide him with a handkerchief and drink, if a drink is customary?
- Have his bed ready?
- Encourage him to climb into his bed?
- Arrange the covers so he can pull them up and encourage him to cover himself?
- Bid him "Good night"?
- Open his window?
- Turn out the light?
- Close the doors?
- During these preparations talk very little?
- Postpone answering unnecessary questions?
- (Remember to answer legitimate questions in the morning?)
- Make *inadequate* preparation for sleeping? That is



Provide irregularly for wholesome daytime activity in the sun and fresh air?  
 Permit boisterous play between supper and bed?  
 Permit him to get out too many materials to play with?  
 Call him abruptly from his play?  
 Call him and then permit "just one more" activity?  
 Tell him many times that it is bedtime?  
 Permit him just one more activity after calling him?  
 Coax him to bed with a toy?  
 Omit such necessary details as story, toilet?  
 Hurry him through undressing and toilet?  
 Undress him without suggesting that he help?  
 Give him more help than he needs with his preparations?  
 Permit him to play and dawdle?  
 Lift him into bed when he could climb in?  
 Cover him up without suggesting he help?  
 Leave the light and the open door?  
 (The light and the open door are needed only in unusual circumstances.)  
 Bid "Good night" and later return to complete preparations?  
 During these preparations repeatedly explain and discuss the details?  
 Entertain him?  
 Answer numerous and unnecessary questions?

# PLACE

Do you—  
 Have him sleep in the same place day after day, and night after night?  
 Have him take his nap in one place and his night sleep in another place?  
 Have him sleep in different places? That is  
     Permit him to dictate where he will sleep?  
     Permit him to sleep wherever it is convenient?

# ROOM

Do you—  
 Furnish adequate sleeping quarters? That is  
     A room of his own?  
     A well ventilated room?  
     Outdoor provision as recommended by a specialist?

Furnish inadequate sleeping quarters? That is

A room shared with others, that is with parents, other adults or children?

A poorly ventilated room?

Less provision for outdoor sleeping than his individual needs require?

## BED

Do you—

Provide an adequate bed?

A bed of his own?

A low bed so he can climb in?

A high bed with a box or chair so he can climb in?

A bed that is firm?

Long enough so he can stretch out?

Wide enough so he can turn easily?

With sides or firm screen, if he needs such safety devices?

With good mattress of feathers, cotton, felt or hair?

Provide an inadequate bed? That is

A bed shared with others?

A bed too high for him to climb in?

A bed that is sagging?

Too short for stretching?

Too narrow for easy turning?

With poor mattress?

## EQUIPMENT

Do you—

Furnish suitable equipment? That is

Warm and light covering?

Covering wide enough to permit tucking in securely?

A very small pillow, if any?

Furnish unsuitable equipment? That is

Covering too heavy?

Too warm?

Not warm enough?

Too narrow or too short?

A large pillow?

## GARMENTS

Do you—

Select suitable sleeping garments? That is

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Provide irregularly for wholesome daytime activity in the sun and fresh air?

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Permit him to get out too many materials to play with?

Call him abruptly from his play?

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Tell him many times that it is bedtime?

Permit him just one more activity after calling him?

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(The light and the open door are needed only in unusual circumstances.)

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Outdoor provision as recommended by a specialist?

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With sides or firm screen, if he needs such safety devices?

With good mattress of feathers, cotton, felt or hair?

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Do you—

Furnish suitable equipment? That is

Warm and light covering?

Covering wide enough to permit tucking in securely?

A very small pillow, if any?

Furnish unsuitable equipment? That is

Covering too heavy?

Too warm?

Not warm enough?

Too narrow or too short?

A large pillow?

#### GARMENTS

Do you—

Select suitable sleeping garments? That is

Easy to get into?  
 With easy fastenings, that is few, large, easy to reach?  
 Smooth, warm comfortable?  
 Select unsuitable sleeping garments? That is  
 Difficult to put on?  
 Difficult to fasten?  
 Wrinkled across the shoulder, or otherwise uncomfortable?

### HELP WITH SLEEPING

Do you help him relate his doing, his thinking, and his feeling?  
 That is  
*Guide his movements* so that he makes with your help the movements you later wish him to make without your help?  
 For example,  
 Help him step up into bed?  
 Help him straighten out, lie still and relax?  
 Help him waken, get out of bed, walk to the toilet?  
*Use the words* in directing him which he can later use in directing himself? For example,  
 Say "Climb in bed," as you help him climb in?  
 Say "Lie still," as you help him become quiet and relax?  
 Say "Go to the toilet," as you help him waken, get out of bed, and go to the toilet?  
*Approve him* for behavior which you wish him to do of his own accord? For example,  
 Say "That's right, climb in bed," and smile as he gets into bed?  
 Say "That's right, lie still," and smile as he attempts to be quiet and relaxed?  
 Say "That's right, go to the toilet," as he goes, and "That's right—toilet," as he urinates?  
 Or do you fail to help him relate his doing, thinking and feeling?  
 That is  
 Help him into bed without saying, "Climb in" or approving him?  
 Say "Lie still" without helping him become quiet and relaxed?  
 Fail to approve him when he does lie still?  
 Carry him to the toilet when he is capable of walking?

Do you give consistent help? That is, do you  
 Say "Bedtime soon" as you help him complete his play?

Say "Lie still" and stay near by, out of sight, to prevent his getting up?

Say "Sleep now" as you continue to help him relax and ignore his questions?

Say "Sleep now" when he cries and quietly withdraw if he continues to cry?

Say "That's right, lie still," as he becomes quiet upon getting into bed?

Say "That's right, go to the toilet," as he gets out of bed to go to the toilet, even though he whimpers?

Or, do you make your physical help, your verbal directions, and your approval inconsistent? That is, do you

Say "Bedtime soon" and permit him to continue to play?

Say "Lie still" and allow him to get up or argue with him?

Say "Sleep now" and permit him to continue talking, singing or playing?

Say "Sleep now" when he cries, attempt to console him or to amuse him, and return anxiously each time he begins to cry?

Say "Naughty boy," as he wiggles and kicks?

Say "Stop crying," as he gets out of bed to go to the toilet?

Do you state your directions effectively, that is, make them positive, definite, short and easy to understand? For example

"Sleep now"

"Sleep now, talk in the morning"

"Lie still"

"Climb in bed."

Or do you state them ineffectively, that is, make them negative, vague, long and hard to understand? For example

"Don't wiggle"

"Go to sleep for mother"

"I told you to be quiet"

"If you don't keep still, I'll spank you."

Do you give just enough help to enable him to learn habits of sleeping which are permanently desirable? That is

*When he begins to learn a new process:*

Assist him in making desirable movements, say the most helpful words of direction, and approve every successful effort he makes?

*While he is learning the process:*

Help him less and less in making his movements as you continue to use the helpful words, and approve his successful movements?

Later give him no assistance in making his movements, but say the helpful words and approve his success?

Still later withdraw all assistance, but still continue to approve his successes?

Finally reduce approval gradually?

*After he has learned the process:*

Give no physical help, no verbal directions, and only casual or occasional approval?

Or, do you use too little help, too much help or the wrong kind of help? That is

Use the same kind and amount of help whether he has undertaken a process which is suitable for him or one that is unsuitable for him?

Use the same kind and amount of help whether he is starting a new process, well on his way toward learning it, or able to use it independently when he wishes?

Allow him to practise until he is fatigued or discouraged?

Interrupt him unnecessarily while he is still achieving?

## STANDARDS

Do you—

Maintain standards? That is

Sleep enough?

Sleep at the right times?

Sleep in desirable ways?

Continue with inadequate sleeping habits?

## CORRECTION

Do you—

Use helpful corrective procedures? That is

Smile in a way to win his co-operation when he is about to misbehave?

Select such helpful verbal procedures as, for example,

“Lie still,” when he begins to wiggle?

“Sing to-morrow, sleep now,” when he sings?

“In bed” when he attempts to climb out?

Let him lie in bed until he relaxes?

- Use questionable corrective procedures? That is
- Reprove him for not lying still and sleeping?
- Impose such verbal procedures as, for example,
  - "Stop wiggling this minute" when he wiggles?
  - "If you stop singing now like a good girl, you may have dolly"?
  - "Shall mother get you a peppermint?" when he cries?

## ACCIDENTS

Do you—

- Use helpful procedures in case of accident? That is
  - Encourage him to call mother when he wets the bed?
  - Encourage him to get out of a wet bed and wet clothes?
  - Encourage him to dress in dry clothes?
  - Encourage him to assist mother to change his bed and clothes?
- Give no help or assist him ungraciously? That is
  - Let him lie in a wet bed until morning?
  - Change him as you scold or shake him?
  - Take him into your bed?
  - Threaten to spank him if he wets the bed?
  - Promise him a train trip if he can keep dry?

## PROGRESS

Do you—

- Call his attention to his successes by overlooking for the most part his failures? (In this way gradually eliminate his failures.)
- Overlook "bad manners"?
- Nag about failures, awkwardness and "bad manners"? (In this way emphasize failure instead of success.)

You have thought through the questions and indicated what your child does and what you do in sleeping situations. You have no doubt discovered that what he does depends considerably upon what you do.

You can consider separately the guidance procedures and the child learnings, but they are practised together. You can probably change any of his learnings, if you select helpful guidance procedures. One reason it is so hard to select helpful guidance procedures is that the child is doing so many



things at the same time. He may be waking too early, wetting the bed, getting uncovered, and waking the other children. You may wish to change each of these learnings, and wonder what to change in your guidance. Shall you put him to bed later? Get him up an extra time during the night to go to the toilet? Provide a warmer bed? Pin the covers around him? Put him to sleep in a room farther away from the other children? Direct him, "Turn over, go to sleep" as you tuck him in after drying him? Provide more outdoor activity during the day? Provide more suitable play materials and playmates?

Perhaps all the undesirable learnings will be improved when you have made any of these changes in your guidance. On the other hand, you may need to provide more and better activity, and also a warmer bed. Or, you may put him to bed a little later and take him up an extra time during the night.

You may go on in this way from the more obvious to the more and more subtle elements in guidance until you arrive at a solution of the difficulty. As you read the incidents of sleeping behavior, you no doubt found children learning many different habits, some of which should be changed and others should be encouraged. In real life, you will always be dealing with complex behavior which you can understand only by discovering what you and he are doing.

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Subsequent units in The Behavior of Young Children deal with

Behavior in Dressing, Bathing, and Toilet.  
 The Child's Activities with Materials.  
 The Child's Relationship with Other Children.  
 The Child's Relationship with Adults.  
 Emotional Behavior.  
 Nervous Habits.